

HOLLAND COUNTY COUNCIL

Lincolnshire

ANNUAL REPORT

of the

County Health Services

Part 2

REPORT

of the

County Medical Officer of Health

for the

Year 1957

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Lincolnshire

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County Medical Officer of Health

J. Fielding, M.D., D.P.H.

1957

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HEALTH COMMITTEE

Chairman :

Councillor H. Piggins, J.P.

Ex-Officio Members :

Alderman Lt.-Col. Sir Oswald Giles, D.L., Chairman of the County Council.

Councillor Canon C. V. Browne-Wilkinson, Vice-Chairman of the County Council (May, 1958)

Councillor Lt.-Col. G. A. Grounds, C.B.E., D.S.O., T.D., D.L.,
Chairman of the Finance Committee.

County Aldermen :

Barwell, R. G.

Clark, Mrs. F.

County Councillors :

Arnold, E. A.

Hotchkin, C. F.

Tansley, A. L.

Beeton, S. L.

(1958)

Valentine,

Case, E. J.

Maidens, F.

Mrs. E. M. (1958)

Dell, J. H.

Parkinson,

Valentine, C.

Harvey,

Mrs. F. (1958)

Wright, C.

Mrs. K. M. T.

Proctor, J. M.

Wright, S. L.

Slator, E. J.

Added Members :

Mrs. D. M. Myers

Mrs. G. Elsom

Dr. A. C. Dawes ...

...

...

Appointed by Lincs. (Holland)
Local Medical Committee

W. L. Alexander ...

...

...

Appointed by Lincs. (Holland)
Pharmaceutical Committee

Dr. N. V. M. Dodds ...

...

...

Appointed by Lincs. (Holland)
Executive Council

Dr. J. E. Darlow ...

...

...

Mrs. S. A. Hastings ...

...

...

Appointed by the Boston Group
Hospital Management Com-
mittee

Miss N. Leggott ...

...

...

Appointed by the Holland with
Boston Branch of the Royal
College of Midwives

The late Councillor Captain A. H. Clark, Alderman G. W. Chatterton and Councillor Mrs. F. Rayner were members of this Committee.

STAFF OF HEALTH DEPARTMENT

County Medical Officer of Health :

Fielding, J. - M.D., D.P.H.

Deputy County Medical Officer :

White, B. M. - M.B., Ch.B., D.P.H.

Assistant County Medical Officers :

Burrowes, H. P. - M.B., B.S., D.P.H. (mixed appointment).

Smeaton, W. G. - M.B., Ch.B., D.P.H. (mixed appointment) (resigned 28.2.1958).

Hird, G. - M.B., Ch.B., D.P.H. (mixed appointment).

Other Medical Staff (Part-time) :

Coffey, P. - M.D., D.P.H. (ante-natal clinic).

Coffey, M. C. - M.B., B.Ch.

Eckford, A. - M.D. (ante-natal clinic).

Dental Officers (for County and School work) :

Principal Dental Officer—H. A. Bolton, L.D.S.

School Dental Officer—P. J. Lynch, L.D.S.

Vacancy.

Chief Nursing Officer and Supervisor of Midwives (non-medical) :

Bally, Miss E. K. - S.R.N., S.C.M., M.T.D., H.V.Cert.

Assistant County Nursing Superintendents :

Guest, Miss D. - S.R.N., S.C.M., H.V.Cert.

Selby, Miss K.M. - S.R.N., S.C.M., M.T.D.

Health Visitors :

Archer, Miss D. - S.R.N., S.C.M., H.V. Cert.
 Braybrooks, Miss D. M. - S.R.N., S.C.M., H.V. Cert.
 Broughton, Mrs. A. Q. - S.R.N., S.C.M., H.V. Cert.
 Farr, Miss L. M. - S.R.N., S.C.M., H.V. Cert.
 Guerra, Mrs. E. - S.R.N., S.C.M., H.V. Cert.
 Goodworth, Miss H. M. - S.R.N., H.V. Cert.
 Green, Mrs. R. M. - S.R.N., S.C.M., H.V. Cert.
 Pritchard, Miss J. E. - S.R.N., H.V. Cert.
 Sanderson, Miss J. - S.R.N., S.C.M., H.V. Cert.
 Tolliday, Miss P. - S.R.N., S.C.M., H.V. Cert.
 Williams, Miss M. L. - S.R.N., S.C.M., H.V. Cert.

Student Health Visitor :

Harriss, Miss B. R. - S.R.N., S.C.M.

Clinic Nurse :

James, Mrs. M. - S.R.N.

Tuberculosis Health Visitor :

Cowlishaw, Mrs. E., - S.R.N., H.V. Cert.

District Midwives :**District**

Davies, Miss M. - S.R.N., S.C.M.	Boston, Wyberton and Fishtoft
Joslin, Miss I. - S.R.N., S.C.M.	Boston, Wyberton and Fishtoft
Johnson, Miss P. R. - S.C.M.	Boston, Wyberton and Fishtoft
Sauntson, Mrs. V. - S.R.N., S.C.M.	} Spalding, Cowbit, Moulton and Moulton Chapel.
Parish, Miss L. I. - S.R.N., S.C.M.	

District Nurse/Midwives :

Palmer, Miss R. M. - S.R.N., S.C.M.	Benington, Butterwick, Freiston and Leverton.
Turner, Mrs. L. - S.R.N., S.C.M.	Crowland.
Sehnke, Mrs. O. J. - S.R.N., S.C.M.	Deeping St. Nicholas.
Sills, Mrs. M. A. - S.R.N., S.C.M.	Donington, Bicker and Quadring.
Scott, Mrs. C. - S.R.N., S.C.M.	Gedney Dyke, Drove End, Dawsmere and Lutton.
Gill, Mrs. P. O. - S.R.N. S.C.M.	Gosberton and Surfleet.
Doolan, Miss M. - S.R.N., S.C.N. (retired 5.8.57)	Holbeach.
Whitehurst, Mrs. E. M. - S.R.N., S.C.M.	Holbeach Bank and Saracen's Head.
Brotherton, Miss B. M., S.R.N., S.C.M.	Kirton and Frampton.
Belcher, Mrs. E. - S.R.N., S.C.M.	Leake and Wrangle.
King, Mrs. E. A. - S.R.N., S.C.M.	Long Sutton.
Vacancy	Pinchbeck.
Vacancy	Sutton Bridge.
Killick, Mrs. F. J. V. - S.R.N., S.C.M.	Swineshead, Amber Hill and Holland Fen.
Backhouse, Miss J. - S.C.M., S.E.A.N.	Sutton St. James, Tydd, Ged- ney Hill, Whaplode Drove and Sutton St. Edmunds.
Diggle, Mrs. M. M. - S.R.N., S.C.M.	Sutterton, Algarkirk, Fosdyke and Wigtoft.

District Nurses (Home Nursing)**District :**

Dickson, Mrs. M. - S.R.N., S.C.M.	} Boston, Fishtoft and Wyberton
Taylor, Miss B. A. - S.E.A.N.	
Masterson, Mrs. C. M. - S.R.N.	Spalding.
Swallow, Miss C. M. - S.R.N., S.C.M.	Spalding.
Parker, Mrs. D. M. - S.R.N.	Moulton Chapel, Moulton, Whaplode St. Catherine's, and Weston Hills.
Petchell, Mrs. M. - S.R.N.	Moulton Chapel, Moulton, Whaplode St. Catherine's, and Weston Hills.

Boston—Allan House School.

Welch, Miss M. R. H. (Cert. Nursery Nurse).	Supervisor.
Fraser, Miss S. M.	Assistant Supervisor.
Needham, Miss A.	Assistant Supervisor.

Spalding—Clinic Annexe School.

Daubney, Mrs. B. L. (Cert. Nursery Nurse).	Supervisor.
Trezise, Mrs. J. M.	Assistant Supervisor.

County Health Inspector and Food and Drugs Act Inspector :

Fidling, R. - M.S.I.A.

Public Analyst :

Woodhead, J. E. - B.Sc., F.I.C., Ph.C.

Mental Health Worker :

Robinson, Mrs. M. F.

Duly Authorised Officers (Lunacy and Mental Treatment) :

Bradley, A.; Ostler, J.; Piggins, S.; Townsend, H.

County Ambulance Officer :

Smith, C. E.

Clerk for Health Education :

Whelbourn, H.

Chief Clerk :

Ingram, W. (retired 1958).

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report dealing with the County Health Services for the year 1957. In November of that year it was very evident that the administrative and practical problems of the foreseeable future would be heavy and continual, experience showed that the importation of Poliomyelitis vaccine was appreciated in the remotest of hamlets.

The scheme is known and accepted by many, refused by many, the indifferent, the casual and those who are unmindful. Registrations had not been received for two out of every five children below the age of fifteen years, towards the close of the following year.

The matter is solely one for parents, the disease in question, Infantile Paralysis, strikes at will in early life, in adolescence, indeed at any age.

To those who have succeeded in vaccinating three out of the five, although achieving much, partial failure is now revealed.

All services were well maintained through the year, three vacancies for district nurse midwives exist, bringing some anxiety.

Ninety-four pre-school children attended for dental treatment, sixty were found to require treatment, necessitating 141 fillings.

The report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, was received, and further mention is made in the pages which follow.

I take this opportunity of thanking the members of the Health Committee, general practitioners and my staff for continued help through a most trying period.

I am,

Your obedient servant,

J. FIELDING.

STATISTICS AND SOCIAL CONDITIONS OF AREA

(a) GENERAL STATISTICS.

Area (acres)	267,854
Population (census 1951)	101,555
Population (Estimated—mid 1957)	102,600
Rateable Value for the County (1st April, 1958)	£869,979
Estimated Product of penny rate for whole County (1958-59)	£3,502

(b) EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

Live Births.

	Males.	Females.	Total.
Legitimate	830	751	1,581
Illegitimate	44	26	70
Total Births	874	777	1,651

Live birth rate per 1,000 population :—16.1.

Stillbirths.—Males 12, Females 12 ; Total 24.

Deaths from all causes :—1,088.

Net Death Rate.
(per 1,000 of population).

Urban Districts	11.1
Rural Districts	10.3
Administrative County	10.6
England and Wales	11.5

Number of women dying in or in consequence of childbirth	Nil
Maternal mortality rate for 1,000, total live and stillbirths	Nil
Death rate of infants under 1 year per 1,000 births	25.4
Deaths from Measles (all ages)	Nil
Deaths from Whooping Cough	Nil
Deaths from Diarrhoea (under 1 year of age)	1
Neo-natal death rate (under 4 weeks) per 1,000 births	16.9
Neo-natal death rate (England and Wales)	16.5

BIRTH-RATE.—The birth-rate for 1957 of 16.1 shows a slight increase compared with a rate of 15.7 for 1956. The highest rate within the County is that of the Borough of Boston, 17.9. The East Elloe Rural District with a birth-rate of 13.5 is again the lowest in the County.

Illegitimate live births increased from 68 in 1956 to 70 in 1957 being 4.2 per cent. of the total live births.

DEATH RATE.—The net death rate for 1957 was 10.6 compared with 11.0 for the previous year. Spalding Urban District again had the highest rate of 15.6, and Boston Borough again had the lowest rate of 8.5.

The death rate for England and Wales was 11.5.

INFANT MORTALITY RATE.—The rate for the County fell to 25.4 compared with 29.2 for 1956. Spalding Rural District with a rate of 37.1 was the highest in the County, whilst Spalding Urban District again had the lowest rate of 4.5 The rate for England and Wales for 1957 was 23.0.

MAIN CAUSE OF DEATH.—The following table shows the figures for the main killing diseases in the County of Holland during 1957.

Disease.	Total number of deaths.
Heart Disease	331
Cancer	190
Vascular diseases	156
Other Circulatory diseases	57
Bronchitis	33
Pneumonia	31

HEART DISEASES.—There were 331 deaths under this heading, an increase of 9 on the figure for 1956. This represents 30.4 per cent. of the total deaths, 2.4 per cent. more than 1956.

CANCER.—The number of deaths in 1957 rose to 190, 12 more than for 1956. This represents 17.5 per cent. of the total deaths from all causes.

The following table of death-rates from cancer shows the comparisons between the five district Authorities, the Administrative County, and England and Wales :—

Deaths from Cancer, 1957

	Lung				All others			
	Males		Females		Males		Females	
	No. of deaths	Rate per 1,000 population	No. of deaths	Rate per 1,000 population	No. of deaths	Rate per 1,000 population	No. of deaths	Rate per 1,000 population
Boston Borough ...	4	0.17	1	0.04	7	0.29	16	0.67
Spalding Urban ...	6	0.41	2	0.13	18	1.24	14	0.96
Boston Rural ...	4	0.18	2	0.09	20	0.91	21	0.95
Spalding Rural ...	5	0.26	—	—	14	0.74	13	0.69
East Elloe Rural ...	4	0.17	2	0.09	20	0.87	17	0.74
Administrative County	23	0.22	7	0.07	79	0.77	81	0.79
England & Wales ...		0.76		0.12		1.55		1.67

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VITAL STATISTICS FOR THE YEAR 1957
Urban and Rural Districts

District.	Area in acres	Persons per acre	Population (mid-year)	Live Births.				Deaths.				Deaths under 1 year of age.	Death-rate from Pulmonary Tuberculosis per 1,000 population	Death-rate from all tubercular diseases per 1,000 population	
				No.	Net Rate	Standardising Factor	Standardised Birth Rate	No.	Net Rate	Standardising Factor	Standardised Death Rate.				
URBAN.															
Boston Borough	3257	7.4	23980	429	17.9	0.98	17.5	204	8.5	1.04	8.8	11	25.6	0.00	0.00
Spalding Urban	7825	1.9	14530	220	15.1	1.00	15.1	225	15.6	0.59	9.2	1	4.5	0.07	0.14
Totals for Urban Districts	11082		38510	649	16.9	0.99	16.7	429	11.1	0.83	9.2	12	18.5	0.03	0.05
RURAL.															
Boston	84408	0.26	22090	366	16.6	0.99	16.4	252	11.4	0.88	10.0	9	24.6	0.04	0.08
Spalding	87770	0.21	18890	323	17.1	0.98	16.9	178	9.4	1.09	10.2	12	37.1	0.05	0.05
East Elloe	84594	0.27	23110	313	13.5	1.03	13.9	229	9.9	0.99	9.8	9	28.7	0.09	0.09
Totals for Rural Districts	256772		64090	1002	15.6	1.00	15.6	659	10.3	0.98	10.1	30	29.9	0.06	0.08
Administrative County	267854		102600	1651	16.1	1.00	16.1	1088	10.6	0.92	9.8	42	25.4	0.05	0.07
England and Wales					16.1		16.1		11.5		11.5		23.0	0.09	0.11

Causes of death at each age-period, 1957

CAUSES OF DEATH										All Ages									
										Under 1 year	1 & under 5	5 & under 15	15 & under 25	25 & under 45	45 & under 65	65 & under 75	Over 75		
Tuberculosis, respiratory	..	..	..	..	..	..	..	..	..	..	1	3	..	..	..	1	5		
Tuberculosis, other	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2		
Syphilitic disease	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	3		
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Meningo-Coccal infections	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Acute poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Other infective and parasitic diseases	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	2		
Malignant neoplasm, stomach	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	11	21		
Malignant neoplasm, lung bronchus	..	..	..	..	..	..	..	..	..	..	1	16	..	..	..	8	30		
Malignant neoplasm, breast	..	..	..	..	..	..	..	..	..	..	1	6	..	..	..	2	10		
Malignant neoplasm, uterus	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	2	8		
Other malignant and lymphatic neoplasms	..	..	..	..	..	..	..	..	..	..	4	37	..	..	..	47	121		
Leukaemia, aleukaemia	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2		
Diabetes	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	3	5		
Vascular lesions of nervous system	..	..	..	..	..	..	..	..	..	..	..	33	..	..	..	77	156		
Coronary disease, angina	..	..	..	..	..	..	..	..	..	..	3	41	..	..	..	54	150		
Hypertension with heart disease	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	8	17		
Other heart diseases	..	..	..	..	..	..	..	..	..	..	3	25	..	..	..	119	194		
Other circulatory disease	..	..	..	..	..	..	..	..	..	..	..	7	..	..	..	45	57		
Influenza	..	..	..	..	..	..	..	..	1	1	..	6	..	..	..	1	12		
Pneumonia	..	..	..	..	..	..	..	..	1	..	2	4	..	..	..	9	31		
Bronchitis	..	..	..	..	..	..	..	..	..	..	1	6	..	..	..	12	33		
Other diseases of respiratory system	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	7	8		
Ulcer of stomach and duodenum	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	5	11		
Gastritis, enteritis and diarrhoea	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	3	8		
Nephritis and nephrosis	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	1	7		
Hyperplasia of prostate	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	13	16		
Pregnancy, childbirth, abortion	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Congenital malformations	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	7		
Other defined and ill-defined diseases	..	..	..	..	..	..	..	..	1	1	6	19	..	..	..	70	135		
Motor vehicle accidents	..	..	..	..	..	..	..	..	1	1	5	3	..	..	..	1	10		
All other accidents	..	..	..	..	..	..	..	..	1	1	2	2	..	..	..	2	16		
Suicide	..	..	..	..	..	..	..	..	..	..	..	7	..	..	..	2	11		
Homicide and operations of war	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
ALL CAUSES										42	3	7	11	39	229	253	504	1088	

ADMINISTRATION

In the County of Holland there is no need for decentralisation and all the administrative work in connection with the Authority's health services is undertaken at the County Hall, Boston (Boston 2281).

The main committee is the Health Committee with three sub-committees as follows :—

Maternity and Welfare Sub-Committee :

Delegated Functions :

- (i) Section 22—Care of mothers and young children, including child welfare and ante-natal clinics—distribution of welfare foods—priority dental treatment—care of premature infants—maternity accommodation for the unmarried mother and her child—issue of maternity outfits—registration of daily minders.
- (ii) Section 23—Provision of domiciliary midwifery service.
- (iii) Section 24—Provision of an adequate health visiting service.
- (iv) Section 25—Provision of a domiciliary home nursing service.
- (v) Section 29—Provision of a domestic help (home help) service, including day and night attendants' scheme.
- (vi) The authorisation of expenditure within the approved estimates.

Mental Health Sub-Committee :

Delegated Functions :

- (i) The Health Authority's powers and duties under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts, including the administration of the Occupation Centres and the provision of home teaching.
- (ii) The authorisation of expenditure within the approved estimates.

Appointments Sub-Committee :

Delegated Functions :

- (i) Interviewing applicants and making appointments to fill vacancies on the Health Department's staff within the approved establishment.
- (ii) The selection of health visitor trainees.

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICES

There is close co-operation with the district authorities as the District Medical Officers of Health are also Assistant County Medical Officers.

In the following additional ways, co-operation is also secured :—

Obstetric Committee.—The County Medical Officer and Chief Nursing Officer serve on this Committee of which the Consultant Obstetrician is Chairman. Representatives of the Local Medical Committee and two general medical practitioners holding appointments both with the Local Health Authority and Hospital Management Committee serve on this Committee.

Mental Health.—Personal membership of the County Medical Officer of the Lincoln No. 3 Hospital Management Committee.

Lincs. (Holland) Executive Council.—The County Medical Officer and representatives of the County Council serve on this Council.

Local Medical Committee.—Membership of this Committee enables matters of mutual interest in connection with the Health Authority's services to be discussed with general practitioners.

Sheffield Liaison Committee.—As a general rule meetings are held quarterly and medical officers of health have the opportunity of discussing problems with medical officers of the Regional Hospital Board and Ministry of Health.

Hospital Almoners.—There is close liaison with the hospital almoners.

JOINT USE OF STAFF

There is no change to report.

VOLUNTARY ORGANISATIONS

Full use is made of the various voluntary organisations in the County as follows :—

Red Cross Society		
(Boston branch)		Medical Loan Depot at Boston.
St. John Ambulance Brigade		Medical Loan Depots at Spalding, Sutton Bridge and Holbeach.

Women's Voluntary Services, Spalding	Administration in connection with the home help service in Spalding and district.
British Legion (Crowland Branch)	Medical Loan Depot at Crowland.
Lincs. Moral Welfare Associa- tion	Welfare work mainly in connec- tion with unmarried mothers.
Lincs. (Holland) Care Com- mittee	Care and after-care work in connection with tuberculosis, problem families, nursing services and other illnesses, including mental sickness.
Voluntary Committees at cer- tain Infant Welfare Centres.	General assistance at child welfare sessions.
Boston and District Association for the Mentally Handicap- ped	Co-operation and material assistance in dealing with mentally handicapped child- ren, particularly at Occupation Centre.
Boston and Holland Blind Society	Welfare of the Blind.

The Women's Voluntary Services and the Red Cross Society are requested from time to time to help by providing bedding and clothing for necessitous cases.

The County Council also makes use of the services of a number of National Associations and Bodies, to whom annual subscriptions are paid as follows:—

Central Council for Health Education.

National Association for Mental Health.

National Baby Welfare Council.

National Association for Maternal and Child Welfare.

National Council for the Unmarried Mother and her Child.

The Royal Society for the Prevention of Accidents.

INFECTIOUS DISEASES

Diphtheria.—Not a single case was notified during the year.

Measles.—There were 3,212 cases notified during 1957, only 243 cases were notified during 1956.

Whooping Cough.—The number of cases notified was 276 compared with 119 cases in 1956.

Sonne Dysentery.—15 cases were notified during the year, this gave no cause for anxiety.

Erysipelas.—The number of notifications was eight, compared with 13 during 1956.

Scarlet Fever.—70 cases were notified, 36 being in the East Elloe Rural District.

Puerperal Pyrexia.—16 cases were notified, all in the Borough of Boston.

Ophthalmia Neonatorum.—One case only was notified, this being in the Borough of Boston.

Tuberculosis.—Notifications numbered thirty-one for pulmonary, and four for non-pulmonary disease.

Chicken Pox.—This disease is notifiable in the Boston Borough and Boston Rural District. There were 171 notifications compared with 270 in 1956.

Pneumonia.—The number of notifications was ninety-two, six more than in the previous year. There were thirty-one deaths from this cause.

Acute Poliomyelitis.—Eleven cases were notified. Five paralytic and six non-paralytic. There were no deaths from this cause.

Food Poisoning.—Sixty-two cases were notified.

Meningococcal Infections.—Two cases were notified, both of which recovered.

Scabies.—One case only was notified during the year.

SECTION 21—HEALTH CENTRES

There is no change to report. There are no new large centres of population which would call for special facilities of this nature. Clinic premises in Boston, housed in two very old buildings, are outworn for the many services now established. The need for a new clinic will require consideration, the needs of Spalding were met in 1938.

Infectious Diseases notified in Holland County for the year ending 31st December, 1957.

District	Meningococcal Infections.	Whooping Cough	Diphtheria	Erysipelas	Scarlet Fever	Dysentery.	Puerperal Pyrexia	Polio-myelitis and Polio-Encephalitis	Ophthalmia Neonatorum	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Pneumonia	Chicken Pox	Measles	Food Poisoning	Scabies	Paratyphoid	Total
Urban Districts																		18
Boston	—	145	—	2	7	8	16	1	1	9	—	52	90	723	30	1	1	1085
Spalding	—	5	—	—	—	—	—	1	—	4	1	7	—	287	—	—	—	306
Rural Districts																		
Boston	—	97	—	1	17	—	—	7	—	4	2	14	81	905	3	—	—	1131
Spalding	1	19	—	1	10	3	—	2	—	6	—	2	—	562	—	—	—	606
East Elloe	1	10	—	4	36	4	—	—	—	8	1	17	—	735	28	—	—	844
Totals	2	276	—	8	70	15	16	11	1	31	4	92	171	3212	62	1	—	3972

* Note.—The figures for tuberculosis exclude those cases coming to the notice of the Medical Officer of Health otherwise than by formal notification.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

Home Visiting.—Home visiting of children under school age is an important part of a health visitor's duties. More detailed information is given in the health visiting section.

Child Welfare Centre.—There are fifteen centres in the County at which sixty-five sessions are held per month.

A Medical Officer normally attends at the more important centres but, when this is not considered necessary, a doctor only attends fortnightly or monthly.

A statistical table is given on the next page from which it will be seen that 3,350 children (of whom 1,189 were under one year of age) attended during the year and made a total of 28,277 attendances. The percentage of new babies attending the centres, related to the total live births for 1957 was 72.

The family doctor is notified when it is considered that any child should be referred to a hospital clinic for consultant opinion.

At most of the centres there are voluntary workers who render valuable service.

Supply of Welfare Foods, Dried Milk, etc.—Certain proprietary foods are available at all the child welfare centres. In addition the Council also deals with the distribution of national dried milk and other welfare foods. The arrangements continued to work smoothly and a few alterations were made during the year to suit the convenience of the public. A new distribution point was started at East Pinchbeck on the 6th November. The selling point at Amber Hill closed on 29th June.

Stores.—The central bulk stores are kept at St. John's House, Skirbeck Road, Boston.

Transport.—The transport of stocks to Clinics and Parochial selling points is undertaken by County vehicles by arrangement with the County Transport Officer.

Distribution.

(a) *Parochial Selling Points*—Twelve in number.

(b) *Boston* : Nine sessions each week.

St. John's House.

Allan House.

Ferry House Clinic.

Bargate Clinic.

- (c) *Donington* :
Thursday afternoon—The Clinic.
- (d) *Wrangle* :
Friday afternoon—The Clinic, Bede School.
- (e) *Kirton* :
Wednesday afternoon—The Clinic, Town Hall.
- (f) *Swineshead* :
Wednesday afternoon—The Clinic, The Hut.
- (g) *Spalding* : Five sessions each week.
Clinic Annexe, Holland Road, Spalding.
- (h) *Holbeach* : Two sessions each week.
The Clinic, Park Road, Holbeach.
- (i) *Long Sutton* :
Friday afternoon—Welfare Centre, Church Hall.
- (j) *Sutton Bridge* : Two sessions each week.
The Church Hall Clinic.
- (k) *Crowland* :
Tuesday afternoon—The Abbey Institute.
- (l) *Deeping St. Nicholas* :
2nd Thursday afternoon—Church Hall.
- (m) *Gosberton* :
1st Thursday in each month—Parish Hall, Gosberton.
- (n) *Fishtoft* :
2nd and 4th Thursday—Rochford Tower Hall.
- (o) *Wyberton* :
Thursday afternoon—The Parish Hall.

The figures for the year ended 31st December, 1957, were as follows :—

Number of distribution centres	...	...	...	29
Welfare Foods issued :				
National Dried Milk	...	...	...	46,950 tins
Vitamin Tablets	...	...	...	3,870 packets
Orange Juice	...	...	...	58,304 bottles
Cod Liver Oil	...	...	...	7,956 bottles

Ante-Natal Clinics.—There is no change to report.

When their duties permit, the Council's health visitors attend ante-natal sessions to maintain contact with this work.

The following is the list of infant welfare centres :—

Centre	Frequency	Day
Boston (2)	Thrice Weekly	Monday, Tuesday, Friday
Crowland	Weekly	Tuesday
Donington	Weekly	Thursday
Deeping St. Nicholas	Monthly	2nd Thursday
Fishtoft	Fortnightly	2nd & 4th Thursdays
Gosberton	Monthly	1st Thursday
Holbeach	Weekly	Thursday
Kirton	Weekly	Wednesday
Long Sutton	Weekly	Friday
Spalding	Twice Weekly	Tuesday, Friday
Sutton Bridge	Weekly	Wednesday
Swineshead	Weekly	Wednesday
Wrangle	Weekly	Friday
Wyberton	Weekly	Thursday

All the Centres are administered by the Local Health Authority, and the following table summarises the position :—

No. of Centres provided at end of year	15
No. of Child Welfare Sessions now held per month ...	65
No. of Children who attended Centres during the year	3350

Number of Children who attended during this year and who were born in—

1957	966
1956	1009
1955-52	1375

Total No. of attendances made by children during the year—

Under 1 year of age	16448
Over 1 year of age	11829

Apart from the facilities provided by the County Council, the Hospital Management Committee have arranged weekly sessions at Boston General Hospital, Spalding Johnson Hospital and Holbeach Clinic.

The number of women who attended the Local Health Authority's clinics and shared clinics during the year was 859 and the total number of attendances was 2,150.

Post-Natal Clinics.—No special clinics are held. As a rule, the post-natal examination is done by the general practitioner as provided in the domiciliary maternity scheme.

Dental Treatment.—Dental treatment for mothers and children under five was continued during the year. Patients are referred from the ante-natal and child welfare clinics and in the case of children a reminder is sent on the third birthday in the form of a birthday card.

During 1957, 22 mothers and 94 children attended for inspection and in almost all cases some treatment was found necessary.

Talks on dental health were given to expectant mothers.

	Mothers	Under fives
Number examined	22	94
Found to require treatment... ..	22	60
Treated	22	60
Dentally fit at end of year	18	58
Type of treatment :		
Scaling and gum treatment	17	—
Fillings	34	141
Silver Nitrate	—	120
Extractions	65	65
General anaesthetics	10	26
Provision of partial dentures	6	—
Provision of full upper or lower dentures	2	—

Maternity Beds.—The health visitors continued to investigate, at the request of the hospital authorities, cases recommended for admission on sociological grounds.

89 applications were received and 64 patients were recommended for admission.

Of the total births, as adjusted by inward and outward transfers, 57.5% were institutional.

CHEST X-RAY OF EXPECTANT MOTHERS.—The arrangements of the Regional Hospital Board for the screening of expectant mothers with a view to the diagnosis of unsuspected disease were continued.

OPHTHALMIC TREATMENT.—Children of pre-school age requiring treatment are normally referred to the out-patient departments of hospitals but, for the sake of convenience, some children are seen at the school clinics by the Consultant. The number of cases so referred was 103.

BLOOD TESTING.—Arrangements are in force whereby Medical Officers at ante-natal clinics collect and send blood specimens for examination.

CARE OF PREMATURE INFANTS.—Special cots and equipment are available, if required, for children nursed at home but, when special medical and nursing care are indicated, cases are transferred to hospitals. The number of premature live births was 108 which is 6.5% of the total live births notified; of the total number (24) of stillbirths notified, 9 were premature, equivalent to 37.5%.

The following table summarises the position :—

Weight at Birth.	Born at home and transferred to hospital.			
	Total	Died in first 24 hours.	Died on 2nd to 28th day.	Survived 28 days.
3¼lbs. or less	7	2	1	4
3¼lbs.—4¾lbs.	3	—	—	3
4¾lbs. to 4lbs. 15ozs.	2	—	1	1
4lbs. 15ozs.—5½lbs.	1	—	—	1
Totals	13	2	2	9

Weight at Birth.	Born at home and nursed entirely at home.			
	Total	Died in first 24 hours.	Died on 2nd to 28th day.	Survived 28 days.
3¼lbs. or less	—	—	—	—
3¼lbs.—4¾lbs.	3	—	—	3
4¾lbs. to 4lbs. 15ozs.	5	—	—	5
4lbs. 15ozs.—5½lbs.	13	—	2	11
Totals	21	—	2	19

Of the 74 premature births in hospitals, seven died in the first 24 hours, three between the 2nd and 28th day, and 64 were surviving at the end of 28 days.

There were 9 premature stillbirths in hospital.

MATERNITY OUTFITS. 741 outfits were issued.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.—The County Health department has continued to work in close association with the Lincoln Diocesan Association for Moral Welfare.

Before a patient's admission, ante-natal care is given either by a general practitioner, or a medical officer.

During the year, twelve patients were sent to the Quarry Maternity Home, Lincoln, or to similar Homes.

ILLEGITIMATE BIRTHS.—The number of illegitimate births during 1957 was 70, equivalent to 4.2 per cent. of the total live births.

NEO-NATAL DEATH RATE (under 4 weeks).

Legitimate (per 1,000 legitimate births) ...	...	16.5
Illegitimate (per 1,000 illegitimate births) ...	...	28.5

INFANT MORTALITY RATE.

Legitimate (per 1,000 legitimate births) ...	...	25.3
Illegitimate (per 1,000 illegitimate births) ...	...	28.5

STILL-BIRTHS.

Per 1,000 legitimate births ...	...	13.2
Per 1,000 illegitimate births ...	...	42.8

Arrangements were continued for the special supervision of all illegitimate births, and there is close co-operation between the Health Department, the Children's Department and the Diocesan Moral Welfare Association. The latter is a registered Association for dealing with adoptions.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.—One new application was received and registration approved. There was one cancellation. At the end of the year there were eighteen child minders on the register with seventy-eight approved places. There was one priority case where a registered daily guardian received 1/- per day from the Council.

WOMEN'S ADVISORY CLINIC.—The County Council allow the free use of the Boston Clinic to a branch of the Family Planning Association.

PROBLEM FAMILIES AND AFTER CARE

The work of the Holland (Lincolnshire) Care Committee has in recent years entered wider fields of work.

Grants from the Holland County Council for tuberculosis and general cases are administered together with control of a lying in charity and now funds are available from the Marie Curie Memorial Foundation.

This Foundation exists to give material help to patients suffering from the various types of cancer. Recommendations are received by the chief nursing officer from the district nursing services.

Problem families consume time and attention of the nursing staff and child care staff, every endeavour is made to bring information or change of circumstances, brought to light by follow-up procedure to the notice of all interested parties. Children's department, district medical officer of health, general practitioner, social welfare department, national agencies and voluntary committees, each may have a vital interest. The number of families kept under observation was 85.

The After Care Committee were able to help certain families beset with problems or social difficulties and examples are as follows :—

Miss D. C.—Unmarried mother, child age four months, living with child's mule-like father, not entitled to an allowance from the National Assistance Board. Poor and dirty home. Health visitor provided clothing, cot, mattress, blankets and sheets issued for the baby.

M. and D. H.—Children of a problem family, father unemployed, mother sick, shoes and socks provided, children subsequently boarded out by the children's officer, on a temporary basis.

B. family.—Feckless parents, no entitlement to school meals owing to income level, free school meals provided by the committee.

Miss H.—Unmarried mother, street wanderer, refusing to live with parents, suffering from gonorrhoea. Cot and mattress purchased from "unrequired" stores, Pyrex bottle, brush and whisk. Adverse report had been received from the health visitor.

S. family.—Migrant type. Mother pregnant, four young children, no underclothing and no adequate footwear. W.V.S. supplied twenty-two articles of clothing.

S. family.—Four children under four years, living in condemned army hut. Mother and two older children sent to Brentwood Recuperation Centre, with subsequent maintained improvement.

S. family.—Migrant type, four young children, district nurse concerned at lack of bedding, four blankets provided.

B. family.—Widow suffering from rheumatism, eight young children provided with shoes, supplementing special grants from the National Assistance Board.

B. family.—Mother granted tenancy of a house, children in care. Twelve articles of bedding and towels given towards family rehabilitation.

C. family.—Mother deserted seven young children, father requiring periods of treatment in the mental hospital, administrative difficulties in respect of children's allowances, coal purchased and payments for school meals authorised as a temporary measure. This family required a great deal of attention from the health visitor and child care officer.

E. family.—Three children unable to attend school because of inadequate clothing and footgear, each child provided with raincoat, suit, shoes, shirts, socks. Migrant type of family.

D. family.—Eight young children, mother expectant, father unemployed. Fireguard and second-hand pram supplied.

B. family.—Parents and seven young children living in sub-standard council property. Father unemployed, six blankets supplied. Migrant and feckless.

K. family.—Mother pregnant, five young children. Napkins, blankets and carry cot issued.

C. family.—Expectant mother, three young children, husband sustained fracture of leg at the time of allocation of a council

house. Grant made for purchase of cooking utensils, crockery, knives and forks.

T. family.—Father has made an incomplete recovery from a serious operation, mother now working, two children at grammar schools, milk allowance made.

MIDWIVES ACTS

LOCAL SUPERVISING AUTHORITY.—The County Council is the supervising authority for the purposes of the Midwives Acts. The non-medical supervision is done by the County Chief Nursing Officer.

INSPECTIONS.—Domiciliary midwives are inspected at least quarterly and additional visits are paid when necessary. Visits are also paid to hospital midwives and private maternity nurses in the County area.

NOTIFICATION OF INTENTION TO PRACTISE.—The number of midwives who gave notice of their intention to practise during 1957 was 42. In addition six midwives notified their intention to act as maternity nurses.

The number of practising midwives at the end of the year was twenty-one (domiciliary) and seventeen (institutional). In addition there was one midwife acting as a maternity nurse residing within the County and five who took occasional cases but resided elsewhere.

CASES.—The following table shows the number of cases attended by midwives :—

	Number of Deliveries attended by Midwives during 1957.					
	Domiciliary Cases.					Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals.	
	Doctor present at delivery.	Doctor not present	Doctor present at delivery.	Doctor not present		
Midwives employed by this Authority	6	35	64	594	699	—
Midwives employed by Hospital Management Committees	—	—	—	—	—	995
Midwives in private practice	—	—	5	1	6	—
Total	6	35	69	595	705	995

Of the institutional cases included above, seven hundred and twenty-seven were discharged before the fourteenth day and were attended after discharge by the domiciliary midwives.

In four hundred and sixty-seven cases, the infants were wholly breast fed at the fourteenth day.

MEDICAL AID.—Medical aid was sought by midwives in two hundred and forty-seven domiciliary cases and three hundred and six institutional cases. Of the domiciliary patients, the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service in two hundred and twenty-six cases.

The classification of the emergencies in the domiciliary cases was as follows :—

PREGNANCY.

Ante-partum Hæmorrhage	...	...	...	...	...	10
Albuminuria	...	...	...	...	...	3
Miscarriage, Abortion	...	...	...	...	...	3
High blood pressure	...	...	...	...	...	19
Toxæmia of pregnancy	...	...	...	...	...	9
Other conditions	...	...	...	...	...	9

LABOUR.

Breech presentation	...	...	...	...	...	8
Malpresentation	...	...	...	...	...	11
Retained or adherent placenta	...	...	...	...	...	2
Ruptured perineum	...	...	...	...	...	70
Prolonged labour and uterine inertia	...	...	...	...	...	12
Other conditions	...	...	...	...	...	6
Intra-partum Hæmorrhage	...	...	...	...	...	6

LYING-IN.

Varicose veins and swollen legs	...	...	...	...	...	9
Post-partum Hæmorrhage	...	...	...	...	...	7
Pyrexia	...	...	...	...	...	21
High blood pressure	...	...	...	...	...	5

CHILD.

Prematurity	...	...	...	...	...	7
Dangerous feebleness	...	...	...	...	...	9
Inflammation of or discharge from eyes	...	...	...	...	...	17
Malformation	...	...	...	...	...	3
Rashes	...	...	...	...	...	4

NOTIFICATIONS FROM MIDWIVES.—The following notifications were received from midwives :—

Notifications of sending for medical aid	251
Laying out dead body	2
Liability to be a source of infection	19
Notification of death or stillbirth	36
Artificial feeding	370

SECTION 23—MIDWIFERY SERVICE

GENERAL ARRANGEMENTS.—The County Council provide a domiciliary midwifery service by employing whole-time district midwives and district nurse-midwives. The day-to-day management of the service devolves upon the Chief Nursing Officer and two Assistants. On the 31st December, 1957, five district midwives and thirteen district nurse-midwives were employed ; three vacancies. In addition, the two Assistant Nursing Superintendents take relief duty on occasions.

ANALGESIA.—At the end of the year the following domiciliary midwives were qualified to administer inhalational analgesia.

Employed by the Local Health Authority	21
In private practice	5

Twenty-one sets of apparatus for the administration of gas and air and six sets for the administration of trilene were provided by the County Council.

Analgesia was administered in 589 cases (gas and air 415, trilene 174).

Pethidine was also much used either alone or in conjunction with inhalation analgesia. It was administered in 417 cases. There is strict control of the use of dangerous drugs by midwives.

STERILISED MATERNITY OUTFITS.—Maternity outfits are available free of charge for all women confined at home. 741 outfits were issued during the year.

CASES.—The following is a summary of the work carried out by the County Council midwives:—

District	No. of visits.			Total number of visits
	Ante-natal To patients' homes	De-livery	Lying-in	
Boston, Wyberton and Fishtoft	1633	234	4434	6301
Freiston, Benington and Butterwick	326	20	456	802
Wrangle and Old Leake	175	18	417	610
Kirton and Frampton	391	40	635	1066
Sutterton and Algarkirk, etc.	174	26	458	658
Swineshead and District	213	17	313	543
Donington and District	108	15	356	479
Gosberton and Surfleet	203	31	499	733
Spalding, Pinchbeck, Cowbit, Moulton and Weston	1410	99	2232	3741
Deeping St. Nicholas	328	19	359	706
Crowland	520	32	554	1106
Holbeach	229	22	364	615
Holbeach Bank and Fleet	161	20	248	429
Gedney, Gedney Dyke and Lutton	96	12	151	259
Long Sutton	164	17	294	475
Tydd, Sutton St. James, Sutton St. Edmund, and Gedney Hill	230	27	461	718
Sutton Bridge	147	21	276	444
TOTALS	6508	670	12507	19685

SECTION 24—HEALTH VISITING

STAFF.—As previously stated, it is the policy of the County Council to employ health visitors on combined duties. Qualified health visitors are stationed in convenient centres throughout the County and on the 31st December, 1957, the staff was as follows:—

- 1 Health Visitor (full-time) in Boston Borough.
- 10 Health Visitors, also carrying out school nursing and other duties.

- 1 Tuberculosis Health Visitor.
- 2 Nurses on clinic duties.
- 1 Student Health Visitor taking course at Oxford, later qualifying.

Supervisory work is undertaken by the Chief Nursing Officer and there are regular monthly meetings when matters of general interest are explained and discussed.

Full co-operation with general practitioners is essential and health visitors are encouraged to keep in touch with doctors in their respective districts.

SUMMARY OF WORK.—In spite of staffing difficulties, the following figures of the number of visits paid by the health visitors and tuberculosis visitor during the year give some indication of the extent of their work.

To Expectant Mothers.						
First visits	...	...	...	...	...	361
Total visits	...	...	...	...	...	552
To children under 1 year of age.						
First visits	...	...	...	...	...	1736
Total visits	...	...	...	...	...	9665
To Children, aged 1 and under 2 years						5203
To Children, aged 2 but under 5 years						9656
Visits to tuberculosis households						1017
Visits to other cases (e.g. reporting on care of old people. hospital after-care, infectious diseases, etc.)						2868

Included in the above were 89 visits in connection with admissions to maternity units on sociological grounds.

REFRESHER COURSES.—In order to keep the nursing staff in touch with modern teaching and methods, health visitors attend refresher courses annually in turn. Two health visitors attended such courses during the year.

TRAINING OF HEALTH VISITORS.—One of the main difficulties in a rural area is to maintain staff. To help in this respect, the Council grant bursarships.

CHILD LIFE PROTECTION — BOARDED-OUT CHILDREN—ADOPTIONS.—Although this work comes within the province of the Children's Department, the health visitors pay the usual routine visits to children under five years of age.

SECTION 25—HOME NURSING

GENERAL SCHEME.—The County Council provide a domiciliary nursing service by the direct employment of whole-time district nurses or district nurse-midwives. There was no change in these arrangements during the year.

STAFF.—Six whole-time nurses were employed and fifteen nurses devoted part of their time to the service. The equivalent in terms of whole-time staff is 12.6.

WORK UNDERTAKEN.—Home nurses attended 1,676 cases, the number of visits being 41,573.

District	No. of Nurses	No. of Patients Attended	Medical	Surgical	Total Number of Visits
Boston, Fishtoft and Wyberton	3	381	292	44	14269
Freiston, Benington and Butterwick	1	41	23	17	537
Wrangle and Old Leake	1	33	22	10	659
Kirton	1	98	76	11	1870
Sutterton and Algarkirk	1	65	51	14	1314
Swineshead	1	46	31	9	1239
Donington	1	81	58	14	1430
Gosberton and Surfleet	1	72	40	24	1498
Spalding and Pinchbeck	2	199	117	78	6392
Moulton, Moulton Chapel, Cowbit and Weston	3	248	110	118	7781
Deeping St. Nicholas	1	77	63	12	671
Crowland	1	119	110	7	1313
Holbeach	1	28	22	5	496
Holbeach Bank and Fleet	1	38	14	23	705
Gedney, Gedney Drove End	1	66	36	25	1862
Long Sutton	1	29	19	9	859
Tydd, Sutton St. James, Sutton St. Edmunds and Gedney Hill	1	26	24	2	536
Sutton Bridge	1	35	26	4	842
TOTALS	23	1676	1134	426	41573

Of the cases attended 831 were sixty-five or over, and visits to these cases numbered 27,653. This again shows the importance of domiciliary nursing in relation to the care of the aged and chronic sick. It represents almost 50% of the total cases attended.

One hundred and forty-six children under five years of age were attended and the number of visits was seven hundred and ninety-one.

HEALTH VISITING, DOMICILIARY MIDWIFERY AND HOME NURSING SERVICES

The Chief Nursing Officer submits the following report :—

STAFF.—Shortage of staff has continued and there were three vacancies for district nurse/midwives, and one health visitor at the end of the year. This is not just a local but a national problem. There have also been a number of staff changes during the year.

Mrs. Masterman, S.R.N., replaced Miss Fox as one of the general district nurses in Spalding, and Mrs. Petchell, S.R.N., replaced Mrs. Pierlejewska for the Moulton area.

Miss Connolly, S.R.N., S.C.M., domiciliary midwife, Moulton and Spalding, resigned to return to hospital and was replaced by Miss V. Smith, S.R.N., S.C.M.

Miss M. T. Doolan, district nurse/midwife for Holbeach, retired in August.

Miss Sowter, Assistant County Nursing Superintendent, resigned in September to undertake the Health Visitors' training and was replaced by Miss Selby, S.R.N., S.C.M., M.T.D.

Miss B. Harriss was granted a bursary to take the Health Visitors' training at Oxford.

HOUSING.—Sites were obtained for bungalows for nurse/midwives at Sutton Bridge, Long Sutton and Holbeach, and the building at Holbeach commenced before the end of the year.

HOME NURSING SERVICE AND HOSPITAL BEDS.—It will be seen from the analysis of the work that 154 patients were visited for dressings following discharge from hospital. Preparation for X-ray examination was carried out for 56 patients avoiding the need for hospital admission, and 16 patients were given a course of streptomycin, also relieving the hospital beds. A large number of the 416 aged persons given general care by the home nurse would otherwise have required admission to a chronic sick bed.

HEALTH TEACHING.—In addition to the teaching at the welfare and ante-natal clinics, and the mothercraft classes, a number of the staff have assisted with youth organisations and old people's clubs. Talks have been given to women's organisations and also to the Civil Defence Welfare section and the 1 in 5 talks organised by the W.V.S.

MIDWIFERY TRAINING.—During the year eight pupil midwives successfully completed the course of training. In addition five overseas midwives took post graduate courses to qualify for the English Roll of Midwives.

**Analysis of some types of work undertaken during 1957 by the
Home Nursing Service**

New Cases	No. of Patients	No. of Visits
General care of the aged	416	11967
Nursing of children	146	791
Treatment of cases of accident	107	357
Dressing following discharges from hospital ...	154	1562
Preparation for X-Ray examination (Barium Enema)	56	112
Bladder washout	37	459
Enemata	101	340
Pessary changing	71	75
Injections :— Insulin	68	7456
Streptomycin	16	542
Penicillin	30	317
Mersalyl	48	643
Inferon	16	326
Others	62	77

MATERNAL CARE AND TOXÆMIA OF PREGNANCY

(Circular 9/56)

The Obstetric Advisory Committee considered in detail, a memorandum on ante-natal care relating to toxæmia of pregnancy, and gave much considered thought to the Report on Confidential Enquiries into Maternal Deaths, issued by the Ministry of Health.

The report dealt with 1,094 fatalities during the period 1952-1954 and the interpretation of the findings, the securing of an improved pattern of ante-natal care by co-ordinated effort, were considered to be matters for local arrangement. The Advisory Committee in consultation with the Local Medical Committee had over the years achieved a good system of integrated effort as between the hospital and domiciliary services.

Recommendations formulated by the Obstetric Consultants in Sheffield were made available by the Chairman of the Advisory Committee with a subsequent distribution to general practitioners, midwives and health visitors. There are expectant mothers who remain unhelpful, dull in outlook, the numbers are few, they are discovered by health visitors and are found to have made no arrangements, no preparations for confinement. It is within this group of women that obstetrical difficulties can arise.

The recommendations dealt with the need to make accurate records of blood pressure, at an early stage, so that the significance of subsequent readings would be appreciated.

Dietetic matters, excessive gain in weight, the possibility of an iron deficiency anæmia, with emphasis on blood estimation early in pregnancy and repeated at the 32nd week are all relevant and known factors. The carrying out of these matters depends entirely on the full co-operation of the patients themselves, time needs to be given to resolve their doubts and fears.

The Honorary Secretary of the Local Medical Committee subsequently reported to the Advisory Committee that the recommendations dealing with hæmoglobin estimations and the use of the services of the health visitor to visit absentees from ante-natal clinics, had been accepted.

Experience has shown that an increase of hæmoglobin estimations has occurred with an increasing use of oral and intramuscular iron. Maternal deaths due to toxæmia of pregnancy were about one-fifth of the total and an alertness of mind when dealing with mild cases of toxæmia, liable to rapid change or deterioration, constitutes the essence of ante-natal care.

SECTION 26—VACCINATION AND IMMUNISATION

The Council's scheme provides for vaccination against smallpox, poliomyelitis, whooping cough and tuberculosis; immunisation against diphtheria and tetanus.

VACCINATION AGAINST SMALLPOX.—Every effort is made to encourage parents to have their children vaccinated and there has been steady improvement in the vaccinal state of the population. The percentage is, however, not yet satisfactory and it is hoped that a further increase will occur. The following table shows the figures in 1948, the last year of compulsory vaccination, and succeeding years :—

PRIMARY VACCINATIONS

Year	Under 1 year	1 to 4	5—14	15 or over	Total
1948	101	19	2	18	140
1949	92	50	7	23	172
1950	198	184	22	61	465
1951	180	184	44	146	554
1952	360	36	39	78	513
1953	281	203	38	70	592
1954	490	48	24	40	602
1955	470	32	14	47	563
1956	453	50	15	72	590
1957	537	56	41	60	694

RE-VACCINATIONS

Year	Under 1 Year	1—14	5—14	15 or over	Total
1948	5	3	2	25	35
1949	—	1	—	35	36
1950	—	7	5	64	76
1951	—	3	2	140	145
1952	—	1	6	58	65
1953	—	—	2	55	57
1954	—	6	3	36	45
1955	—	2	5	35	42
1956	—	1	14	50	65
1957	—	6	7	59	72

Number immunised against Diphtheria during the period 1944-1957.

Year.	Boston Borough.		Boston Rural.		Spalding Urban.		Spalding Rural.		East Elloe Rural.	
	Under five.	Aged 5-15.	Under five.	Aged 5-15.	Under five.	Aged 5-15.	Under five.	Aged 5-15.	Under five.	Aged 5-15.
1944	308	249	288	55	268	142	224	66	274	89
1945	314	125	224	36	224	23	236	13	220	42
1946	287	100	262	42	168	28	223	37	264	120
1947	312	86	255	41	236	80	199	47	249	205
1948	443	74	300	35	203	9	210	38	300	64
1949	339	31	255	22	167	8	200	23	280	45
1950	307	65	208	17	173	14	193	13	232	16
1951	276	51	230	10	127	11	159	16	227	17
1952	314	44	195	9	151	1	181	15	232	4
1953	271	39	240	11	175	3	210	8	278	7
1954	374	66	344	2	186	2	210	18	265	4
1955	282	77	309	22	198	5	205	38	255	23
1956	327	43	258	8	180	14	211	37	213	29
1957	333	32	246	15	170	19	186	12	239	31
Total	4487	1082	3614	325	2626	359	2847	381	3528	696

DIPHTHERIA IMMUNISATION.—The arrangements are unchanged. There has not been a notified case of diphtheria in the County since 1948 and this fact makes it difficult to persuade some parents to accept immunisation.

At the commencement of school life primary or reinforcing injections are given by the school medical staff, and special sessions are arranged if necessary.

The following table shows the number of children immunised during 1957 :—

District	Primary				Boosters
	Under 1	1—4 yrs.	5—14 yrs.	Total	All Ages
Boston Borough	293	40	32	365	384
Spalding Urban	159	11	19	189	186
Boston Rural	219	27	15	261	178
East Elloe Rural	214	25	31	270	246
Spalding Rural	181	5	12	198	323
Totals	1066	108	109	1283	1317

The next table has been completed to show the number of children in the three age groups who have been immunised at any one time and the percentage they represent of the population in these age-groups.

District	Under 1 year (i.e. born in 1957)		1 and under 5 years (born in 1953-1956)		5—14 years (born 1943-52)	
	No.	%	No.	%	No.	%
Boston Borough ..	93	24.0	1246	81.9	3337	84.5
Spalding Urban ..	39	17.3	720	85.1	1933	87.5
Boston Rural ..	64	18.4	1052	75.5	2879	82.1
East Elloe Rural ..	70	22.2	1034	68.7	3129	82.5
Spalding Rural ..	34	17.2	881	74.9	2680	84.9
Totals	320	20.5	4933	76.4	13958	84.1

When considering the figure 20.5% for children born in 1957 who have been immunised by the end of the year, it must be noted that only about one-third of the children born in 1957 could complete the protective treatment by December 31st. In actual fact the number of children immunised during the first year of life is steadily increasing.

By taking the number of children immunised before reaching the age of one year (1,066) as a percentage of the live births (1,650) in 1957, the result is 64.6% which is steadily approaching the Ministry's objective of 75%.

The percentage of children under five years of age who have been immunised was 65.7 and in the five to fourteen age group there was an increase from 81.6 to 84.1%.

Individual immunity tends to wane with the passage of time. The following table therefore shows the proportion of children who have had a course of immunisation during the last five years.

Age at 31/12/57 i.e., Born in Year	Under 1 1957	1—4 1953—1956	5—9 1948—1952	10—14 1943—1947	Under 15 Total
Last complete course of injections (whether primary or booster).					
A. 1953-1957	320	4933	5545	3649	14447
B. 1943-1952	—	—	1327	3437	4764
C. Estimated mid- year child popu- lation	1560	6440	16600		24600
Immunity Index 100 A/C	20.5	76.4	55.4		58.7

WHOOPING COUGH VACCINATION. — Vaccination against whooping cough has been in operation since 1952.

The following figures show the extent to which inoculation against whooping cough has been carried out during the year.

Children immunised (combined prophylactic) ... 1155
Children inoculated (whooping cough prophylactic
alone) Nil

The following table shows the number of vaccinations against whooping cough, either alone or in combination with diphtheria, since 1952 :—

District	1952	1953	1954	1955	1956	1957
Boston Borough ...	98	292	343	274	296	329
Spalding Urban ...	67	169	185	187	162	170
Boston Rural ...	82	232	328	294	238	238
East Elloe Rural ...	97	265	264	241	182	235
Spalding Rural ...	86	201	223	193	187	183
	430	1159	1343	1189	1065	1155

A CHANGE IN INOCULATION PROCEDURE

Circular 8/57 was received in July, 1957, based on advice given by the Central Health Services Council, the Medical Research Council having, at an earlier date, published a report on inoculation procedures. Attention was drawn to the risk of provoking infantile paralysis following the use of mixed prophylactics, particularly those of whooping cough and diphtheria.

There is a seasonal incidence from April to September and a formula, used for many years in the preparations of diphtheria prophylactics was changed, alum being discarded.

The risk of provocation paralysis is minimal where prophylactics are used singly at any time of the year.

The Circular gave rise to anxious thought, the combination of whooping cough and diphtheria inoculations was well established in the minds of parents and an increase in the number of injections if prophylactics were to be given separately, might well add to defaulters in relation to diphtheria immunisation. Whooping cough is a common disorder with distressing symptoms and it is well known that diphtheria is now very rare indeed, the immunisation rate against diphtheria must be maintained at a high level to prevent the disease from returning to the community.

The report of the Medical Research Council was discussed with the medical officers and members of the health visiting staff and a memorandum distributed to the Local Medical Committee. This memorandum contained advice given by the Central Health Services Council with relevant extracts from the report of the Medical Research Council. The majority of deaths from whooping cough occur below the age of six months and the health visitors were of the opinion that if opportunity was taken to explain the need to mothers, of this earlier inoculation, acceptances would be forthcoming. As an experiment, if medical officers desired, two injections could be given, commencing not later than the third month of life, the third injection being postponed until the end of the first year, following diphtheria immunisation. This was intended to spread the number of injections and to go some way towards avoiding defaulters in respect of diphtheria immunisation.

This scheme will be kept under review as opportunity occurs. In rural areas mothers experience some difficulty in making attendances at clinics during winter months and the medical officers use their discretion whether to give combined prophylactic or not.

Variable factors do occur as between schemes of different Local Health Authorities, there are varying interpretations of the advice offered, and a multiplicity of mixed prophylactics is

available. An attempt has been made to meet a problem reasonably, giving prophylactic inoculations by and large, when indicated, the timing of inoculations in relation to the age at risk being emphasised.

POLIOMYELITIS VACCINATION.—Poliomyelitis vaccination began in 1956 and towards the end of the year Circular 22/56 was issued by the Ministry of Health. The instructions were implemented early in January, 1957, the co-operation of the general practitioners being sought and readily obtained. From that time onwards administrative arrangements increased, acceptances mounted steadily, supplies of vaccine became more readily available, the whole situation was one of a rapidly expanding programme. Poliomyelitis vaccination was indeed in command of the Health Department, powerful and relentless. Enquiries, requests for registration cards, the arrangements for vaccination sessions, the storing of vaccine at the correct temperatures, the despatch of vaccine, ascertaining the wishes of parents, produced a host of problems. Problems solved created others. The importation of the Salk vaccine brought forth advice that parents should be given the opportunity of accepting or refusing. Fortunately good sense prevailed, appointment notices to parents explained procedure and the number asking for British vaccine was of negligible proportions. The team work has been splendid, the response by general practitioners excellent, carrying out half of the vaccinations, the professional, administrative and clerical staff of the department rose to the occasion. Towards the end of the year a drive was made through the schools on a County basis. In the north with depleted staff, a medical officer had resigned to take up another post, general practitioners were approached, their response most gratifying and with the co-operation of head teachers, a substantial advance was made with the programme. Parental response and co-operation have been very good, the overall goodwill a reward in itself, contributing much when administrative difficulties were accompanied by anxiety. The care of the vaccine with refrigeration, deliveries for use at all clinics or surgeries, stock taking, the approaching expiry date of the vaccine and ordering of vaccine by central arrangements have been undertaken by the County Health Inspector. These tasks have been worthily accomplished. Inevitably the three year programme will be attended by most onerous tasks, and at the close of that period, poliomyelitis vaccination will have ceased to command the health department and in so doing will establish itself as a routine measure in the mind of the community.

Of the original poliomyelitis registration list (i.e. children registered before 9th April, 1956), namely 2,181, the number vaccinated by 31.12.1957 was 1,750.

The total number of children and expectant mothers awaiting vaccination on 31.12.1957 was 9,301, made up as follows :—

In original list	...	...	...	...	...	...	431
Children born in 1955, 1956, 1957	...	...	...	...	...	...	1,561
Registrations since original list closed	...	...	...	...	...	...	5,785
Registrations of children in the 1943-46 age group	...	...	...	...	...	...	1,500
Expectant mothers	...	...	...	...	...	...	24
Total vaccinations by 31.12.1958	...	...	...	...	...	...	15,922

INFLUENZA VACCINATION. — A small amount of influenza vaccine was received. Two injections were required. The material was utilised as follows :—

Medical practitioners	...	...	...	...	...	...	26
District Nurses and/or midwives	...	...	...	...	...	...	21
Health Visitors and School Nurses	...	...	...	...	...	...	10
Home Helps	...	...	...	...	...	...	27
Ambulance personnel	...	...	...	...	...	...	14

SECTION 27—AMBULANCE SERVICE

This service is managed directly by the County Council and the following details have been supplied by the County Ambulance and Transport Officer, Mr. C. E. Smith, in respect of the year ended 31st March, 1957.

	Emergency	Others
Number of patients carried by ambulance	922	7,480
Number of patients carried by car	39	34,489
Supplementary car service	122	3,524
Patients carried by rail	—	460
	1,083	45,953

Mileages.

Ambulances	...	...	...	...	...	...	72,806
Council cars	...	...	...	...	...	...	213,023
Supplementary cars	...	...	...	...	...	...	43,964
Railway	...	...	...	...	...	...	19,726
							349,519

Abortive Journeys—240.

The above figures show the following variations as compared with the year ending 31st March, 1956 :—

Patients carried	...	...	...	an increase of 13%
Mileage	...	...	...	an increase of 7%

The establishment at the end of the period was as follows :—

Whole time driver attendants	...	...	...	...	19
Whole time mechanics	...	...	...	...	3
Number of Ambulances (including 2 utility)	...	...	...	...	12
Number of cars	...	...	...	...	7
Ambulance stations	...	...	...	...	3

A comparison of the costing return of this service with the average of all Counties with rural areas reveals that this Authority conveyed 392 patients per 1,000 population as against 315.

The cost per 1,000 population (£252 6s. 6d.) is considerably less than the average estimated at (£315), the number of patients carried on this population basis is considerably greater.

Holland's cost per vehicle mile (1/10d.) is 15% less than that of county areas generally and 41% less than the national average.

New ambulances were purchased for service in Boston and Holland, one of the vehicles replaced had completed 250,000 miles.

These vehicles can be adapted to carry five sitting patients and are reported to be more manoeuvrable and cheap in running. Voluntary help is used, but less so over the years, and to the volunteers and members of this department who give a most conscientious service, a firm tribute is paid.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

CARE COMMITTEE.—The Holland Care Committee, which is a voluntary organisation and commenced work in 1935, has continued to develop its arrangements for care and after-care in respect of all types of illness and disability.

Apart from the annual grant received from the County Council, the Committee in turn raises a considerable amount by voluntary effort.

The total expenditure of the Committee for the year ended 31st March, 1958, was £1,725 11s. 8d.

Apart from the Council grants, the sum of £677 was raised from other sources, which included £353 from the Christmas Seal Sale and £217 from flag days. Grants amounting to £100 were also received from the Marie Curie Fund.

The following particulars indicate the extent of help given by the Committee :—

TUBERCULOSIS.—106 cases were assisted.

MILK.—Grants of extra nourishment by way of milk were given in 95 cases. Milk so supplied averaged 390 gallons monthly.

PROPRIETARY FOODS were supplied in five cases.

GROCERIES.—Regular grants in kind to three families.

BED, BEDDING, BOOTS and CLOTHING.—Three cases.

NURSING and LYING-IN FUND.—The money in this fund is derived from Holland's share in the assets of the former Lincolnshire Nursing Association. It is intended to help :—

- (a) women before, during or after confinement.
- (b) children under the age of 16 years for the purpose of promoting good health and preventing ill-health.

Fifteen cases were assisted from this fund.

MARIE CURIE FUND.—Grants from the fund are to assist patients suffering from cancer who are being nursed at home. The number of patients so assisted was nine.

GENERAL AFTER-CARE.—Help was given as follows in respect of 68 cases :—

Milk to 29 patients.

Meals at school were paid in respect of 14 children.

Convalescent care at a recuperative centre was provided for two mothers and their children.

Fares were paid in four cases.

Footwear and/or clothing—eight cases.

Other forms of help (e.g. coal, spectacles, groceries, etc.)—11 cases.

Apart from the Care Committee, there is also the Boston Sick Poor Fund Committee, of which the County Medical Officer is a member, to help patients in Boston and district.

B.C.G. VACCINATION is undertaken by the Chest Physician on behalf of the Local Health Authority. Reference to this is included in the Tuberculosis section of this report.

OPEN-AIR CHALETS.—These are available for patients who wish to live an open-air life and who have suitable accommodation for the shelters. The demand is now very small.

MENTAL ILLNESS.—The Care Committee has continued to assist patients suffering from or who have suffered from mental illness or defectiveness. This mainly applies to children being cared for at home.

MASS RADIOGRAPHY.—The Unit visited Centres at Boston, Holbeach, Long Sutton and Spalding, in October and November, for the purpose of X-Raying children and teachers who desired to take advantage of these facilities. A statistical record is included in the school report for 1957.

MEDICAL LOAN DEPOTS.—During the year, the County Council continued the arrangements for the loan of nursing equipment and appliances on the recommendation of the family doctor or the district nurse.

The following depots function :—

BOSTON.—County Hall. This is intended to operate when demands cannot be met by the voluntary associations. Applications are dealt with during office hours.

BOSTON.—Church Institute, Tower Street, Boston. This depot, which is administered by the local branch of the British Red Cross Society, is open each evening from 6.30 p.m. to 8 p.m.

HOLBEACH.—Depot at Old Council Chamber. Administered by Holbeach Division of St. John Ambulance Brigade.

SPALDING.—Depot maintained by the St. John Ambulance Brigade at Uppingham House. The area covered includes the Spalding Urban and Rural Districts.

SUTTON BRIDGE.—144, Bridge Road. The depot is managed by the St. John Ambulance Brigade.

CROWLAND. — British Legion Depot. This depot is administered by members of the local branch. No charge is made for any article loaned.

The articles in most demand are bed-pans, air-rings, mackintosh sheets, back rests, urinals, bed tables, crutches, hot water bottles, bed cradles and invalid chairs.

The following are the maximum charges, but the County Medical Officer or the Officers of the Voluntary Associations have the power to reduce or waive the charges in needy cases :—

Air bed (half size)	...	...	...	...	1/- a week
Do. (large size)	...	...	...	...	2/6 ,,
Invalid Chair	...	...	...	...	2/6 ,,
Other articles	...	...	...	...	3d. ,,

A deposit is generally required but this is credited against the weekly charge.

The depots managed by the St. John Ambulance and Red Cross Associations may send in requisitions as and when necessary to the County Council for additional stock or renewals.

Applications were received and dealt with as follows :—

Depot	Cases Assisted	Articles Loaned
Boston (Red Cross)	149	155
Boston (County Hall)	59	61
Holbeach (St. John Ambulance) ...	35	38
Spalding (St. John Ambulance) ...	86	111
Sutton Bridge (St. John Ambulance) ...	29	60

VENEREAL DISEASES.—The provision of treatment for these diseases is the responsibility of the Regional Hospital Board. Generally speaking patients from the Holland area attend at the London Road Hospital, Boston, or at the West Norfolk and King's Lynn Hospital, King's Lynn.

The following table shows the number of new cases for this area treated at special clinics during the year :—

New Cases	Boston Clinic	Lynn Clinic	Total
Syphilis	9	1	10 (3)
Gonorrhoea	4	3	7 (7)
Other Conditions	21	10	31 (33)
Total ...	34	14	48 (43)

Note : The figures in brackets relate to the year 1956.

TUBERCULOSIS

NOTIFICATION.—In 1957, thirty-one cases of pulmonary tuberculosis and four of non-pulmonary tuberculosis were notified. In addition, two cases of non-pulmonary tuberculosis came to notice outside formal notification.

DEATH RATE.—The number of deaths from pulmonary tuberculosis was five compared with six in 1956. There were two deaths from non-pulmonary tuberculosis. The death rate for all forms of tuberculosis was 0.07 per thousand of the population. The average for England and Wales was 0.11.

REPORT OF CHEST PHYSICIAN.—Dr. A. M. Forrest has kindly furnished the following information :—

The position as regards Tuberculosis in the County remains satisfactory.

Although statistically there is no improvement in the notification rate, analysis of those notifications show that a much larger proportion are in the early treatable category.

Several features have become noticeable in the past year :—

- (1) Age incidence—Tuberculosis is becoming more and more a disease of the middle aged and elderly instead of the young.
- (2) Modern drugs have more and more made their presence felt. The total period of treatment is shortened—return to work is hastened. Air refill therapy has largely disappeared and the number of cases requiring major surgery has diminished.

Examination of contacts has been vigorously pursued and all suitable children are offered B.C.G.

Again the number of hospital beds has proved ample and there is no waiting time for admission for tuberculosis cases requiring hospital treatment.

B.C.G. VACCINATION.—47 children were vaccinated during the year.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952

Part 1.—Summary of Notifications during the period 1st Jan., 1957, to the 31st Dec., 1957, in the area of the County of Lincolnshire (Holland).

AGE PERIODS	Formal Notifications											
	Number of Primary Notifications of new cases of tuberculosis											
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	Over 65	Total
Pulmonary— Males ..	—	—	—	1	4	2	2	—	3	6	1	19
Females ..	—	—	—	—	2	4	1	1	3	—	1	12
Non-Pulmonary— Males ..	—	—	1	—	—	—	1	—	—	—	—	2
Females ..	—	—	—	1	—	—	—	—	—	1	—	2

Part II.—Supplemental Return.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above mentioned period, otherwise than by formal notification.

Pulmonary— Males ..	—	—	—	—	—	—	—	—	—	—	—	—
Females ..	—	—	—	—	—	—	—	—	—	—	—	—
Non-Pulmonary— Males ..	—	—	—	1	—	—	—	—	—	—	—	2
Females ..	—	—	—	—	—	—	—	—	—	—	—	—

The following table shows since 1948 the new cases of tuberculosis notified each year in the administrative County together with the case-rate per 1,000 of the population.

Year.	Notifications.			Case-rate per 1,000 of the population.		
	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).
1948	74	13	87	0.74	0.13	0.87
1949	55	14	69	0.55	0.14	0.69
1950	50	9	59	0.49	0.09	0.58
1951	61	24	85	0.61	0.24	0.85
1952	58	14	72	0.57	0.14	0.71
1953	43	11	54	0.42	0.11	0.53
1954	39	14	53	0.38	0.14	0.52
1955	36	14	50	0.35	0.14	0.49
1956	25	6	31	0.24	0.06	0.30
1957	31	4	35	0.30	0.04	0.34

The table which follows shows the number of deaths registered and the death rates recorded during the years 1948 to 1957 in the administrative County.

Year.	Deaths.			Death rate per 1,000 of the population.		
	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).
1948	25	10	35	0.25	0.10	0.35
1949	26	7	33	0.25	0.07	0.32
1950	20	8	28	0.20	0.08	0.28
1951	24	6	30	0.24	0.06	0.30
1952	13	3	16	0.13	0.03	0.16
1953	12	1	13	0.12	0.01	0.13
1954	16	2	18	0.16	0.02	0.18
1955	7	3	10	0.07	0.03	0.10
1956	6	Nil	6	0.06	—	0.06
1957	5	2	7	0.05	0.02	0.07

HEALTH EDUCATION

The Central Council for Health Education provides much valuable assistance in this special field of education.

Material which has been supplied is supplemented by instruction to groups of mothers attending welfare centres.

The health visitors are teaching methods which have been demonstrated by the staff of the Central Council on the occasion of study courses held within the county or from attendance at post graduate refresher courses.

The nursing care of children suffering from infectious disease, matters of diet, inoculation procedures, are most usefully discussed.

A scheme sponsored by the Obstetric Advisory Committee to give a course of instruction to mothers attending ante-natal clinics, began at Allan House, Boston, the response from the mothers should indeed be more active. The classes are open to expectant mothers from either the hospital or domiciliary field of work. A programme of topics was prepared by the chief nursing officer in consultation with hospital nursing colleagues, the mothers who have attended have been most appreciative. This sphere of activity of a local health authority can be expected to increase. A gradual appreciation that opportunities exist for free discussion of problems, that there are facilities for questions, that use is made of practical demonstrations, will contribute to the well being of the new born.

The dental officers meet many difficulties, and it is well nigh impossible for them to divert their attention from dentistry to a campaign based on the urgent and pressing need for dental care, such care to be established at an early age and to be continuous.

Limited time was made available and films exhibited, a useful advance in preventive work.

SMOKING AND LUNG CANCER.—Circular 7/57 was reported to the Health Committee in July, 1957, and the matter referred to the Local Medical Committee for observation and guidance, in order that some measure of approach be made to the community.

Agreement was reached that specific information should be made available to head teachers and to senior school children, draft letters to parents and to the children were submitted to the Health and Education Committees.

The essence of the problem, inevitably a long term one, appears to be the prevention of this habit in adolescence, the avoidance of the casual cigarette which leads to established smoking.

How to devise a reasoned method of teaching which aims at either complete abstinence or a material reduction of consumption, where smoking is heavy, remains a matter for future wisdom.

In this generation the satisfying pleasure of the day is overwhelming, presenting a resistant front to advice, of future generations parental leadership, of an inspired type, must emerge. An approach is being made to senior school children on the occasion of a routine school medical inspection. The child is given a letter by the school medical officer, instilling the idea that the matter is a medical problem.

A useful beginning therefore has been devised, using a method which can be reasonably well understood at a receptive age.

Letters to parents are available at clinics, the overall scheme was brought to the notice of general practitioners, elected representatives, officials and head teachers.

A review of method, an intensification of effort, the receipt of constructive criticisms, of experience elsewhere, are all varying factors to be expected during the course of a long term educational campaign.

The Medical Research Council are carrying out a series of chemical and biological studies of the many different constituents of tobacco smoke and atmospheric pollution.

SECTION 29—HOME HELPS

This section of the National Health Service Act has now developed into a comprehensive scheme and fulfils a real need. Although constant staffing adjustment from area to area is always necessary, full demands upon the service have continued to be met by the employment of approximately 70 Home Helps at any one time. The following table shows the distribution of workers throughout the County at the end of the year.

District	Full time.	Regular part- time.	Casual part- time.	TOTAL.
Boston, Wyberton and Fishtoft ...	2	21	2	25
Spalding and District	—	15	1	16
Kirton and Frampton	1	2	—	3
Kirton Holme and Hubbert's Bridge	—	1	1	2
Sutterton, Fosdyke and Wigtoft ...	—	1	—	1
Swineshead, Donington and Gosberton	1	1	1	3
Surfleet	—	—	2	2
Leverton, Old Leake and Wrangle ...	—	—	2	2
Crowland and Cowbit	1	—	1	2
Holbeach	—	4	1	5
Whaplode, Weston and Moulton ...	—	2	1	3
Fleet, Gedney, Long Sutton and Sutton Bridge	—	5	1	6
WHOLE COUNTY	5	52	13	70

The full-time helps continue to form the nucleus of the service and deal mainly with maternity cases and problem families. The bulk of the demand for help falls upon the part-time workers who mainly attend the aged and infirm and chronic sick cases, and who usually work between 30 and 40 hours each week. Several part-time workers attend as many as eight cases each week and are of the greatest value in the maintenance and development of the service. The Casual Home Help—women who are prepared to work as and when required—are often especially appointed to attend cases in the more remote rural areas and consequently results in considerable saving of both time and money. During 1957 County transport was called upon to render assistance in only eight cases, all of which were short term maternity cases in isolated districts.

The service is essentially one of day to day administration, this work being carried out by a member of the County Health Department, whilst the Assistant County Nursing Superintendents assist in supervision of helps in patients' homes. The close co-ordination of these arrangements ensure that cases are re-assessed both with regard to need and financial recovery, and help to prevent abuse of the service. In the Spalding Urban area, a part-time organiser is employed who carries out general administrative work in close co-operation with the County Health Department.

There is no training scheme in operation for Home Helps, but every care is taken to ensure the enrolment of suitable workers.

The present wage rate of 2/11½d. is in accordance with the national scale. When information of any wages award is received the assessment scale undergoes immediate review and charges increased in order to maintain the recovery rate. Home Helps attending homes of patients suffering from tuberculosis or certain other infectious diseases receive an additional payment of 2d. per hour. Of the 275 new cases dealt with in 1957, 67 or 24.5% were assessed at the maximum charge. A large proportion of the remainder are infirm or chronic sick old age pensioners whose average contribution is not more than 6d. per hour. This tends to keep the recovery rate at a lower level but ensures that a most essential need is met.

During the past year the service was provided free of charge in eight cases. These are detailed below :—

1. Aged foster parent—three boarded-out children—family on National Assistance.
2. Aged and infirm female pensioner—collapse at home—help provided 1½ hours daily for seven weeks.

3. Problem family—hospital confinement—father undergoing mental treatment—help provided for care of children.
4. Problem family—aged and infirm mother, blind father, mental defective son—help provided periodically over seven months.
5. Home confinement—desertion of father—five children—family on National Assistance.
6. Problem family—father in hospital—help provided one day only to care for seven children whilst mother attended court.
7. Problem family—post hospital confinement and operative treatment—nine children.
8. Problem family—illness of mother—four young children. Help provided daily during illness followed by once weekly during convalescence.

With the exception of case No. 1, help was provided for a limited period to assist over the emergency. The above type of problem cases occur from time to time and a Home Help is provided to care for the children, often with indifference on the part of the parents.

The estimated total expenditure of the service for				
year ending 31st March, 1958	...	...	...	£13,840
Income from householders' contributions	...	...		£3,380
Recovery rate 24.4%.				

The difference between total expenditure and income ranks for 50% Ministerial grant—thus the total cost falling on the County Council is £5,230.

ASSESSMENT SCALE.—The maximum charge is 3/- per hour. Where applicants cannot afford this rate, a statement of income is obtained and the hourly contribution assessed in accordance with a scale of charges approved by the Council. The resulting assessment is increased by (a) 10% in each case, and (b) 1d. per hour on assessments below 1/6d. and 1½d. per hour on assessments of 1/6d. or more.

When the applicant's household includes other earning members, such earnings are included in the gross income and the resulting assessment reduced by one-third. Occasional applications involving extenuating circumstances make the normal scale of charges impracticable. In these cases the contribution payable is settled at the discretion of the County Medical Officer.

CASES DEALT WITH.—483 cases received help during the year, 275 being new applications. The following table shows the expansion of the service since 1948 :—

Number of Helps at 31st Dec.								Cases provided with help
1948	14	...	...	...	...	...	...	80
1949	22	...	...	...	...	...	...	101
1950	51	...	...	...	...	...	...	212
1951	61	...	...	...	...	...	...	330
1952	60	...	...	...	...	...	...	407
1953	63	...	...	...	...	...	...	361
1954	63	...	...	...	...	...	...	407
1955	64	...	...	...	...	...	...	433
1956	68	...	...	...	...	...	...	449
1957	70	...	...	...	...	...	...	483

During the year under review 17 new Home Helps were appointed and 15 left the service.

The 483 cases provided with help during the year fall into the following categories :—

	New Cases	Total Cases
Maternity	118	124
Aged and infirm	50	149
Chronic Sick	55	128
Post-operative convalescence	25	34
Tuberculosis	1	1
Blind	5	20
Problem families	3	3
Accident	6	9
Care of Children	12	15

From the above it will be noted that the care of the aged, the chronic sick, and maternity cases, form the bulk of the families assisted. Under the heading “ care of children ” the underlying cause for help is desertion or death of the mother or more often lack of management in problem families. Day to day commitments are heavy, and unexpected emergency cases often strain our resources to the limit, but additional staff is only enrolled when it is impossible for the existing staff to absorb any additional work.

When an application is received from a case of tuberculosis, only a suitable volunteer Home Help is allocated and is instructed in precautionary measures of hygiene. The Chest Physician is informed of the arrangements, and clinical details in respect of the patient obtained. At the commencement of the case, the Home Help receives an X-Ray examination of the chest and subsequent examinations are carried out at intervals.

The Home Help service is now an integral part of the National Health Service and provides relief from anxiety for many people unable to care for themselves. On the more practical side there is a not inconsiderable saving of beds in hospitals and old people's homes. The provision of Home Helps is closely tied with requests from midwives and district nurses, whilst many other new cases are brought to the Department's notice by medical practitioners, hospital almoners, the National Assistance Board and other social and voluntary organisations.

SECTION 51—MENTAL HEALTH SERVICE

ADMINISTRATION. — The Mental Health Service is administered through the Mental Welfare Sub-Committee.

The County Medical Officer acts as Adviser to the Committee. There is a woman mental health worker and the health visitors assist in supervision work.

The County Welfare Department and four duly authorised officers perform the duties necessary under the Lunacy and Mental Treatment Acts.

CO-ORDINATION.—There is close co-operation with the Regional Hospital Board and Hospital Management Committee. Membership of the Lincoln No. 3 Hospital Management Committee enables the County Medical Officer to keep in touch with the institutional side of the work. The services of the Council's Officers are also made available when reports are required for patients on licence or where cases are due for consideration by the Visitors.

VOLUNTARY ASSOCIATIONS.—The Authority makes full use of any service which can be rendered by voluntary bodies.

The Care Committee is able from time to time to give material help in needy cases.

The Boston and District Association is most active in its efforts for the benefit of the service.

The Council also take advantage of the facilities available through the National Association for Mental Health.

LUNACY AND MENTAL TREATMENT ACTS.—The following is a table of cases dealt with by Duly Authorised Officers, and who were under treatment during 1957 :—

	Certi- fied Patients	Volun- tary Patients	Section 20 Patients	Section 21 Patients
Admitted	10	185	44	2
Released on trial	5	—	—	—
Transferred to Voluntary Section	7	—	45	1
Transferred to Certified Section ...	—	—	1	—
Discharged	5	150	1	—
Died in hospital	9	5	—	—
Remaining in hospital on 31.12.57	115	110	6	1

MENTAL DEFICIENCY ACTS.

ASCERTAINMENT.—Cases are brought to the notice of the department through the Education Committee, the Welfare and Children's departments, probation officers, general practitioners or health visitors. Twenty-two new cases were ascertained during 1957.

	Males	Females	Total
Reported under Section 57(3) of Education Act, 1944	2	4	6
Reported under Section 57(5) of Education Act, 1944	2	3	5
Otherwise ascertained	6	5	11
	—	—	—
	10	12	22
	—	—	—

With one exception, all the above cases were placed under statutory supervision.

The number of ascertained cases on the register on 31st December, 1957, was 408, an ascertainment rate of 3.98 per 1,000 of the population.

The allocation of cases was as follows :—

	Males	Females	Total
In hospital (including cases on licence)	96	73	169
Under guardianship	—	—	—
Under statutory supervision ...	115	91	206
Under voluntary supervision ...	15	18	33
	—	—	—
	226	182	408
	—	—	—

Three patients were admitted to hospital during the year under Section 3 of the Mental Deficiency Act, 1913. In addition, four

short-term cases were admitted to enable the parents to have a rest or holiday.

At the close of the year thirty-one patients were on the waiting list for institutional care and, of these, thirteen were classified as urgent.

SUPERVISION.—The supervision arrangements are unaltered. Regular visits are paid by the mental health worker or by the health visitors. On December 31st, there were forty-nine patients under the age of sixteen and one hundred and ninety over the age of sixteen on the supervision list. The number of home visits paid was 1,791.

HOME TEACHING.—The Mental Health worker gives regular instruction at home in suitable cases. Thirteen patients were receiving instruction at home at the end of the year. The number of lessons given during the year was 426.

OCCUPATION CENTRES.—At Boston the Centre is held in the former day nursery building in Carlton Road and is known as Allan House School. It is open on five days a week during the normal school term and the hours are from 9.30 a.m. to 12 noon and from 1.30 p.m. until 3.30 p.m.

A mid-day meal is provided through a school canteen and morning milk is also available. The voluntary association bears the cost of milk provided for cases over 16 years of age.

The staff consists of a Supervisor, two Assistant Supervisors and two part-time domestics. A guide is also engaged for escort duties to travel with the transport in the morning and afternoon. This takes approximately two hours and, in addition, she is employed for another two hours to assist at the mid-day meal and to act as relief.

Most cases have transport which is provided through the County Transport department.

There is a medical inspection each year.

At the close of the year there were twenty-six cases on the register, and the average daily attendance was twenty.

SPALDING.—The Centre is also held in the former day nursery building at the rear of the clinic in Holland Road. It is known as the Clinic Annexe School and works on much the same lines as at Boston.

The days and hours of opening are the same, also school holidays, and the arrangements for providing milk, meals and transport.

As yet, the number of cases attending are fewer than at Boston but it is increasing.

The number on the register at the end of the year was 17 and the daily average attendance was approximately eleven.

GENERAL.—It seems probable that, under the new procedures for dealing with mental defectives, the majority of the cases in hospital will be transferred to the category of ordinary hospital patients admitted on an informal basis.

As regards community care, the opening of an occupation centre at Spalding for the South of the County means that training of this nature is now available for the majority of suitable cases.

THE MENTAL HEALTH SERVICES

The Royal Commission on the law relating to mental illness and mental deficiency was published in 1957, and it is envisaged that over the coming years, many additional tasks will fall to local health authorities.

The appointment of a mental health worker in the mental deficiency services, some years ago, was a major advance in the community care of the mental defective. Experience has demonstrated firm parental co-operation, domiciliary visiting bringing information relating to parental anxieties, as they themselves grow older, and often a lack of knowledge of available facilities and benefits. Good liaison is established with officers of the National Assistance Board, the health visiting staff and After Care committee. At the annual general meeting of the Care committee, opportunity was taken to exhibit a film showing the predisposing causes of mental ill-health and the subsequent treatment of a mentally sick patient. The County of Holland is indeed fortunate in that this committee moves with the times, notice is taken of the changing picture of medical experience and medical necessity, and under the wings of care there will be a further fostering of the mentally sick.

The mental health worker arranges temporary admission to Harmston Hall Hospital, giving some measure of relief to households and relatives generally, a most valued service. Home teaching of handicrafts progresses steadily, giving a sense of pleasure and of achievement to the patients.

The occupation centres at Boston and Spalding have established themselves very firmly in the life of the community. Many are interested in the smooth running of the training establishments, members of the Mental Health Committee, the service of school meals and transport department. The rural child attending

on two occasions each week, brings sympathetic interest, the cost of transport is high and in the not far distant future attendance for an extra day may well be agreed. Parents have opportunities at open days to see the working of a full programme of activities, and the Association of Parents too make a firm contribution to the care of mentally handicapped children.

The future trend will be that mentally ill and mentally handicapped patients will be treated as far as is practicable as other sick members of society, not only in the community but also in the hospital world. The era of compulsory care is already receding.

Inevitably a mental health scheme will be close linked to educational facilities, firm advances have been made in providing special education for the educationally subnormal child. Social failures from this group of handicapped children bring the mentally handicapped of the future. Further advances need to be made on a regional basis in order that all senior school children are assured of special education, where the school medical officer has made a firm recommendation. Remedial classes under the partnership of head teachers and peripatetic teachers, began as an experiment, now only need time and opportunity to develop freely, the results ensuing from individual attention are reported to be most satisfactory. The more satisfactory the results, the less frustration experienced by the retarded children. Parents with their emotionally disturbed children are attending the Child Guidance Clinic and staffing requirements are under review by the County Council, guidance to parents, the management of these children at an early stage will avoid many difficulties in reaching the full citizenship of life.

Much therefore has been achieved in the many fields of mental ill-health, a sound basis exists and developments will follow, in an atmosphere of encouragement, sympathy and goodwill. Case conferences in the out-patient department are time consuming, the psychiatrist being the leader of a team of workers. This development of work has yet to be implemented for patients who attend the psychiatric hospital clinic. Many of these patients would benefit, as in the field of mental deficiency, by having access to the services of a social worker, domiciliary visiting being undertaken. Attendance at selected case conferences would be undertaken by the social worker, a new appointment is therefore envisaged, bringing with it a co-ordinated effort as between the hospital service and the local health authority.

The time has come when the older way of management which emphasised incarceration in mental hospitals, should be radically altered. The rapid advancement in methods of treatment, the

rising number of attendances at psychiatric clinics, demonstrate the pressing need for services outside the mental hospitals. There is a limit to the number of hospital beds which can be provided and existing hospital accommodation is strained to the full.

Increasing demand may well be made by hospital authorities trying to secure residential accommodation for elderly patients no longer requiring medical or nursing care or for younger patients by way of rehabilitation on their several paths to employment and citizenship. The age of patients, male or female, the varying types of mental disorder or mental handicap, will indeed bring many anxious problems, the staffing of these local health authority hostels a problem of no mean order.

Boarding-out has not been attempted in this county, it will be a matter for consideration, inevitably there must be very few households brimming over with a vocation for this type of pioneer social service and if desire and will is present, auxiliary help in the domestic field may not be forthcoming.

The Royal Commission, therefore, reported from evidence taken, that the shift of emphasis should be diverted away from hospital towards community care.

The medical value of social services, the medical value of training, whether by occupational therapy or more specifically with a view to employment, is undoubted. The concept is not new, but consideration needs to be given towards implementing such a scheme. Earlier discharge from a mental hospital needs to be encouraged, provided there is no gap in subsequent arrangements.

Avoiding in-patient care presupposes the existence of a closely knit plan, based on supporting services within the home, supporting services in the near community, and in a rural area communications bring attendant problems.

Experimentation is being undertaken, ad hoc in-patient units being established in general hospitals, the psychiatrist arranging co-ordination of work between the mental health staff of the health department, hospital staff and the general practitioner.

More will be heard of the day hospital with out-patient clinic facilities, a return to home in the evening avoiding disruption of family life.

The value of clubs for providing recreational facilities, opportunities for discussion, equipment for handicrafts, may well be the core of community care, a willingness to experiment, to circumvent difficulties will lead to successful undertakings.

INSPECTION AND SUPERVISION OF FOOD

FOOD AND DRUGS ACT, 1955.—Mr. R. Fidling, the County Health Inspector, is also the Food Inspector and Sampling Officer.

The number of samples submitted to the Public Analyst for Analysis during the year was 335, and were as follows :—

Nature of Sample	Formal	Informal	Total
Apples	3	—	3
Almonds, ground	—	2	2
Almond paste	3	—	3
Bananas	—	1	1
Beer	1	—	1
Bread	3	1	4
Beef, potted	—	1	1
Butter	3	7	10
Cheese spread, with ham ...	—	1	1
Cheese cream	2	—	2
Cheese milk	2	—	2
Cheese, Cheshire	1	—	1
Coffee	—	1	1
Crab, dressed	1	1	2
Chocolate wafers	1	—	1
Chopped chicken	1	—	1
Custard powder	—	1	1
Cream, double	3	—	3
Cream, single	2	—	2
Cream, sterilised	—	1	1
Cream fudge	—	1	1
Cream fondant	—	1	1
Flour, plain	1	—	1
Flour, self-raising	—	2	2
Honey	—	1	1
Ice cream	12	—	12
Jelly, table	—	1	1
Kipper savoury	1	—	1
Lemonade powder	—	1	1
Lemon curd	—	1	1
Lard	—	2	2
Lobster with mayonnaise ...	1	—	1
Margarine	—	1	1
Meat paste	—	1	1
Mincemeat	—	1	1
Milk	106	116	222
Milk, condensed	—	1	1

Nature of Sample				Formal	Informal	Total
Nut milk chocolate	...	...	...	—	I	I
Orange drink	...	...	...	7	—	7
Peas, canned	...	...	...	—	2	2
Pate of shrimps	...	...	...	2	—	2
Pate of trout	...	...	...	I	—	I
Potted meat	...	...	...	—	5	5
Potted pork	...	...	...	—	I	I
Salmon spread	...	...	...	—	I	I
Salmon with mayonnaise	...	...	...	I	—	I
Sausage, tomato	...	...	...	—	I	I
Sausage, beef	...	...	...	—	I	I
Sausage, pork	...	...	...	—	7	7
Scampi	...	...	...	I	—	I
Smoked anchovy	...	...	...	I	—	I
Tea	...	...	...	—	4	4
Thirst quenchers	...	...	...	—	I	I
Whisky	...	...	...	I	—	I
Yoghourt	...	...	...	I	—	I
Drugs :						
Bronchial mixture	...	...	...	—	I	I
Indigestion pills	...	...	...	—	I	I
Total (all samples)...				162	173	335

Of this number, 13 samples, equivalent to 3.88%, were reported as adulterated or below standard. The percentage in 1956 was 6.03%.

MILK.—Of the 106 formal milk samples four (3.77%) were unsatisfactory.

Of the 116 informal milk samples four (3.48%) were unsatisfactory.

Details of unsatisfactory milks were as follows :—

Extraneous water ... 4 cases

Deficient in fat ... 4 cases

Twelve samples of milk which showed less than 8.50% solids non fat content were reported as genuine by virtue of the Freezing Point test which indicated that water had not been added.

Throughout the country the drop in the solids non fat figure is causing much concern, and milks such as these are becoming fairly common.

All samples showing deficiencies are kept under review and are re-sampled from time to time.

The average composition of the samples reported as genuine was :—

	Average 1957	Minimum Standard
Milk fats	3.58%	3.00%
Solids non fat	8.85%	8.50%
Total solids	<u>12.43%</u>	<u>11.50%</u>

COMPLAINT SAMPLES.—The following four complaints were received from members of the public, and were investigated.

1. *Nut Milk Chocolate*.—Complaint that it caused sickness. No foreign ingredient was detected and no untoward effects were experienced by a member of the analyst's staff who consumed the remaining portion.
2. *Self Raising Flour*.—Complaint that it was not genuine. No evidence of adulteration was detected.
3. *Wrapped Bread*.—Complaint of sour smell. Analyst stated the complaint was not justified.
4. *Wrapped Bread*.—Complaint of brown particles. Analyst stated the complaint was not justified.
5. *Custard Powder*.—Complaint of taste. Analyst stated the powder submitted contained 0.7% salt. As the container had been in use for some time before taste complaint was made, it was not possible to determine how the salt gained access to the package.

Other samples showing irregularity were :—

1. *Apples*, contaminated with insecticidal spray. These were imported apples and one sample showed the presence of arsenic and lead to the amount of 2.7 and 6.4 parts per million respectively. The maximum amount permitted is 1.0 part per million for each of these chemicals. The results were notified to the Local Sanitary Authority who required the fruit to be washed before sale.

The matter has been the subject of correspondence between the Clerk of the County Council and the Ministry of Food.

2. *Ice Cream* showing 9% deficiency in fat. Investigated and vendor warned.
3. *Potted Meat* should have been sold as Meat Paste. Investigated and vendor warned.

In addition to samples sent to the Public Analyst, 117 milk samples were examined by means of our own milk testing apparatus. The use of this apparatus is very helpful in keeping some sources of supply under observation.

COURT PROCEEDINGS

1. Milk—Added water 3.5%. Case dismissed.
2. Milks.—Added water 38.4% and 27.5%. Fine of £30 and £7 costs.
3. Almond Paste.—Contained only 12% almonds. Fine of £8 and £13 4s. od. costs.

MILK (SPECIAL DESIGNATIONS—PASTEURISED AND STERILISED MILK) REGULATIONS 1949—1953

Two pasteurising establishments were licensed in the County. These were regularly inspected by the County Health Inspector and samples taken.

Only one sample of the 192 obtained during the year failed to pass the required test.

The failing sample showed the milk had not been adequately heat treated.

The fault in the mechanism of the plant was traced and corrected. Following check samples proved satisfactory.

SPECIFIED AREAS—THE MILK (SPECIAL DESIGNATIONS) (SPECIFIED AREAS) No. 2 ORDER

No further areas in the County have been made subject to this Order.

Therefore in the Boston Borough and Boston Rural Districts it was still legal, until April, 1958, to retail milk that had not been sterilised, pasteurised or Tuberculin tested.

SCHOOL MILK SUPPLIES

Samples of milk supplied to schools were obtained and found to be satisfactory.

BIOLOGICAL MILK SAMPLING

175 samples of milk were submitted for tests for Tubercle Bacilli, two samples were positive and another one suspicious. The Ministry Veterinary Officer and the Local Sanitary Authority were notified, two cows were found to be infected and were slaughtered.

SCHOOLS

Schools and school canteens are visited by the County Health Inspector. Sanitary conditions are inspected and water samples are taken.

Various insect and rodent infestations are dealt with.

SANITARY CIRCUMSTANCES OF THE AREA

The general sanitary administration of the County was carried out by five District Councils :—

District.	Name of M.O.H.	Address.
Boston Borough and Port	W. G. Smeaton, M.B., Ch.B., D.P.H.	8, Bridge Street, Boston.
Spalding Urban ...	H. P. Burrowes, M.B., B.S., D.P.H.	Short Street, Spalding.
Boston Rural ...	*W. G. Smeaton, M.B., Ch.B., D.P.H.	8, Bridge Street, Boston.
East Elloe Rural ...	H. P. Burrowes, M.B., B.S., D.P.H.	Mattimore House, Holbeach.
Spalding Rural ...	H. P. Burrowes, M.B., B.S., D.P.H.	Priory Road, Spalding.

* NOTE.—Dr. W. G. Smeaton left on 28/2/1958 and his place was taken by Dr. G. Hird on 26/4/1958.

CO-OPERATION.—The County Public Health Inspector co-operates with the Public Health Inspectors of district authorities on sanitary matters and, during outbreaks of infectious disease, assists in obtaining samples for bacteriological examination.

SWIMMING BATHS.—Swimming baths were visited regularly by the County Public Health Inspector for estimations of free chlorine, and samples of water were submitted for bacteriological tests.

COUNTY COUNCIL PROPERTY.—Sanitary complaints were investigated and infestations were dealt with.

HOUSING

The following information has been supplied by the officials of the District Councils :

District	By Local Authority.		By private enterprise.	
	Completed during 1957	In progress 31/12/57	Completed during 1957	In progress 31/12/57
Boston Borough.				
Houses	70	21	62	22
Bungalows	11	1	16	6
Flats	4	—	—	—
Spalding Urban.				
Houses	30	10	7	8
Bungalows	12	5	5	9
Flats	—	16	2	1
Boston Rural.				
Houses	2	6	38	55
Bungalows	26	21	30	39
Flats	—	—	—	—
East Elloe Rural.				
Houses	46	22	9	6
Bungalows	—	8	16	18
Flats	—	—	—	—
Spalding Rural.				
Houses	44	6	14	7
Bungalows	46	—	35	18
Flats	—	—	—	—
Totals	291	116	234	189

WATER SUPPLY

The following particulars have been kindly furnished by the Water Engineers of the respective Councils :—

BOROUGH OF BOSTON.—The quantity available and quality throughout the year has been satisfactory and the pressures in the town mains show a marked improvement on former years.

The Corporation's works at Revesby and Fordington are in good condition and the water from these sources continues to be augmented with the water from the mains of the Boston Rural District Council to meet domestic and trade requirements. In 1957 this was equivalent to about 25% of the total.

Extensions (1.48 miles) of mains have been undertaken at :—

(a) the Corporation's Woad Farm housing site ;

(b) private housing sites off Kingsway (King's Avenue) and Spilsby Road (Burton Close) ;

(c) Robin Hood's Walk and Broadfield Lane.

Also 0.62 miles in the Parish of Fishtoft (within the statutory area) as follows :—

(d) Rural District Council's housing site at Meridian Road ;

(e) Eastwood Road and Eastwood Close ;

(f) Red Cap Lane.

Renewal of old mains has been undertaken in the Borough in the following streets :—Brady Street, West Street (Bridge Street to Municipal Buildings), King Street (Broadfield Street to Blue Street junction), Blue Street and Anwick Place. (Total 0.3 miles).

A distribution depot has been established at Horncastle Road and Grand Sluice Lane.

BOSTON RURAL.—The source of supply is Bourne. 902 yards of extension water mains were completed during the year, and there were 124 yards of renewals. Twenty-eight samples were sent for bacteriological examination and one for chemical analysis. In every case the result showed that no exception could be taken to the use of the water as a public supply.

SPALDING URBAN.—An uninterrupted supply of water was maintained throughout the year ended 31/3/1958 from the source at Bourne, not only to the Spalding Urban area but also to the Rural Districts of Boston and East Elloe.

The actual quantities supplied were as follows :—

Authority.	Average daily Consumption in Gallons.	Average daily Consumption per head. all purposes in Gallons.
Spalding Urban	... 861,000	... 59.38
*East Elloe Rural	... 476,000	... 20.60
†Boston Rural ...	... 842,000	... 39.81

*Partial supply only. East Elloe Rural District Council also receive a bulk supply from Spalding Rural District Council.

†The Boston Rural District consumption includes an average daily quantity of 343,000 gallons supplied in bulk to Boston Borough. The net average daily consumption for the Boston Rural District Council area was 499,000 gallons (23.59 gallons per head per day).

A total of 925,229,000 gallons was pumped from Bourne during the year. Adequate reserves of water are available underground at Bourne to meet all estimated future requirements.

Chemical and bacteriological examinations were carried out at regular intervals both at the source and as delivered into supply. The results show that at all times the water was of the very highest standard. The water is not plumbo-solvent, nor has there been any form of contamination.

During the year, 81 new services were laid and connected and 645 yards of new distributions mains were laid. At the end of the year, over 99% of the total population had a piped water supply.

EAST ELLOE RURAL.—Bulk supplies have been received from the Spalding Urban District Council and Spalding Rural District Council.

The actual quantity of water distributed throughout the area was 237,451,000 gallons. After deducting 16,056,000 gallons supplied through bulk meters to the Wisbech and District Water Board, this leaves a net figure of 221,395,000 gallons, or a daily average of 604,904 gallons, a slight increase over 1956.

Ministerial approval was received towards the end of the year to the Council's Capital Works Schemes and work is proceeding on the preparation of contract documents for the carrying out of the works.

These schemes provide for :—

1. A section of 9" diameter trunk main along Daniel's Gate, Long Sutton, to reinforce, the supply to the new County School, Long Sutton, and designed to link up with a future trunk main.
2. A 12" diameter trunk main from Whaplode to Holbeach to duplicate the existing trunk main.
3. Participation in a scheme designed by the Spalding Rural District Council to provide additional bulk supplies to the East Elloe Rural District at Weston Pumping Station.
4. A distribution scheme to afford better circulation and equalisation of pressures in the Council's area of supply.
5. A duplicate storage tank at the Council's Weston pumping station of 250,000 gallons capacity.

Scheme 1, which is being carried out by direct labour, will be completed in the Spring of 1958.

SEWERAGE

BOSTON BOROUGH.—Improvements during 1957 were :—

- (a) West Side Sewerage Scheme.—Installation of new air compressor and alterations to building at Woodville Road pumping station completed and additional machinery received in preparation for the erection of the main pumping station in London Road.
- (b) Further extensions to sewers in Woad Farm housing site.
- (c) Routine maintenance and sewer cleansing carried out.

SPALDING URBAN.—1,450 lineal yards of 6 inch cast iron sewer were laid together with the necessary manholes to provide drainage for the Windsor housing estate.

A scheme has been proposed for an extension of the present sewerage system to deal with the developments taking place between Park Road and Sharpe's Bridge in the Pinchbeck Road.

Six privy vaults have been converted to the water carriage system.

BOSTON RURAL.—Pail conversion schemes are now in progress at Benington and Bicker.

44 Properties at Fishtoft, 34 at Algarkirk and 16 at Amber Hill have been completed.

EAST ELLOE RURAL.—No change to report.

SPALDING RURAL.—No change to report.

NATIONAL ASSISTANCE ACT, 1948 WELFARE SERVICES

I am indebted to Miss H. A. Baron, Secretary of the Boston and Holland Blind Society for the following information.

BLIND REGISTER.—The number on the Register for the year ended December 1957, was 179, there being eighteen new cases of whom eight were males and ten females; fifteen were over seventy years of age, and the youngest thirty-five. There were three transfers into the area, and three out. Of the twenty-one deaths nearly all were over eighty years of age.

The summaries that follow are of interest as showing that four-fifths of the total were over sixty years of age, and only five were under twenty which in this type of Society is a matter for thankfulness.

TABLE I.

Present Age Periods.			
Age	Males	Females	Total
0	—	—	—
1	1	—	1
2	—	—	—
3	—	1	1
4	—	—	—
5—10	—	2	2
11—15	—	—	—
16—20	2	—	2
21—29	6	1	7
30—39	8	5	13
40—49	5	5	10
50—59	3	6	9
60—64	6	8	14
65—69	7	4	11
70—79	19	21	40
80—84	12	23	35
85—89	9	13	22
90 and over	3	9	12
	—	—	—
	81	98	179
	—	—	—

TABLE II.

Age at which Blindness occurred			
Age	Males	Females	Total
0	11	8	19
1	—	2	2
2	1	—	1
3	—	—	—
4	1	1	2
5—10	1	1	2
11—15	1	2	3
16—20	2	1	3
21—29	5	4	9
30—39	6	6	12
40—49	10	7	17
50—59	6	6	12
60—64	1	3	4
65—69	6	7	13
70—79	18	29	47
80—84	6	10	16
85—89	6	7	13
90 and over	—	4	4
	—	—	—
	81	98	179
	—	—	—

By comparing Table I with Table II the progress made by the different Health Services can clearly be seen, the incidence of blindness in young people being much reduced, while that in the older age groups reflects the higher expectation of life, twelve being over ninety years of age, and many others nearly that age.

We regret to note that some forty-five people have other handicaps, physical or mental, such as total or severe deafness, fits, crippling troubles.

PARTIALLY-SIGHTED REGISTER.—On this Register are the names of forty-three persons, sixteen males and twenty-seven females. It is for “those who suffer from defective vision of a substantial and permanently handicapping character,” and includes those near and prospectively blind, those mainly indus-

trially handicapped, those needing observation only, and children of school age.

Class A (Prospective blind persons)	...	...	...	29
Class B (Industrially handicapped persons)	...	...	...	4
Class C (requiring observation)	...	...	...	7
Class D (children)	...	...	...	3

EDUCATION AND TRAINING.—By arrangement with the School Health Service of the County Council, one small girl has been admitted to a Sunshine Home for blind babies, a baby boy will later be admitted, and a little girl is booked for school when she is five years old. Two partially-sighted boys are away at a Special School, and a girl is at her village school.

One youth is on a Shorthand-typing course at the Royal Normal College, Rowton Castle, Shropshire, and will later on need a post in Spalding.

HOME WORKERS.—There are now seven Home Workers, one woman having gone into the workshop at the Norwich Institution. The seven are under the supervision scheme of the Royal Midland Institution for the Blind, Nottingham, which gives them the advantage of skilled supervision and advice, also of materials at wholesale prices.

Under the National Home Workers Scheme, they receive augmentation of earnings and other benefits, such as paid holidays. Anyone with dependants who can prove need can obtain help for them through the National Assistance Board.

WELFARE WORK.—The proportion of older and less active people continues to increase, and the Home Visiting and Teaching Service is much appreciated. All sorts of difficulties crop up which we can often help to solve if consulted, and it is the regular and interested visit which encourages the blind to feel that they still count in life, and it helps their relations, too, to know that their efforts to care for them are recognised. They know that in the Society they have friends to turn to in trouble. The Secretary and the Home Teacher have paid some 4,170 visits during the year, in addition to contacts in the office, and at social gatherings, and the like.

Pastime occupations, such as knitting, rug-making, chair-caning, basketry, stool-seating, and so on, are encouraged, and, when possible, Braille or Moon reading is taught. Materials are

at special prices, readers are supplied with magazines, and postages are paid on books drawn free from the National Library for the Blind. A few are finding great pleasure in the possession of a Talking Book, which is a specially constructed gramophone, with a postal service of library records. Some men occupy themselves in their gardens or with poultry, and many housewives manage to fulfil their duties.

Blindness means extra expense, and, although domiciliary assistance on a higher scale can be obtained by the necessitous blind under the National Assistance Act, our close contacts discover many real, though hidden, needs in these expensive times, and grants are made from our Voluntary Funds for sickness, clothing, holidays, fares, fuel, wireless maintenance, etc., and everyone has a cash gift at Christmas.

